SERFF Tracking #: HART-132214528 State Tracking #:

Company Tracking #: FN.02.550.2020.01

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name: CA 2020 - Legacy Rate Revision **Project Name/Number:** Commercial Auto /FN.02.550.2020.01

Filing at a Glance

Companies: Hartford Casualty Insurance Company

Hartford Insurance Company of the Midwest Hartford Underwriters Insurance Company

Property and Casualty Insurance Company of Hartford

Twin City Fire Insurance Company Hartford Fire Insurance Company

Product Name: CA 2020 - Legacy Rate Revision

State: District of Columbia
TOI: 20.0 Commercial Auto

Sub-TOI: 20.0000 Commercial Auto Combinations

Filing Type: Rate

Date Submitted: 01/14/2020

SERFF Tr Num: HART-132214528 SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: FN.02.550.2020.01

Effective Date 01/18/2020

Requested (New):

Effective Date 01/18/2020

Requested (Renewal):

Author(s): Robin Rose, Desiree Dupree, Brenda Clapper

Reviewer(s):

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

SERFF Tracking #: HART-132214528 State Tracking #: Company Tracking #: FN.02.550.2020.01

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name: CA 2020 - Legacy Rate Revision **Project Name/Number:** Commercial Auto /FN.02.550.2020.01

General Information

Project Name: Commercial Auto

Status of Filing in Domicile:

Project Number: FN.02.550.2020.01

Domicile Status Comments:

Reference Organization: ISO Reference Number: CA-2018-IALL1 ~ CA-2019-BRLA1
Reference Title: DC REVISION OF COMMERCIAL AUTO Advisory Org. Circular: LI-CA-2018-150 ~ LI-CA-2019-173

LIABILITY INCREASED LIMIT AND DEDUCTIBLE DISCOUNT FACTORS TO BE IMPLEMENTED ~ DC

REVISED COMMERCIAL AUTO ADVISORY PROSPECTIVE LOSS COSTS, INCLUDING NONOWNERSHIP LIABILITY

COMPANY ACTION BLOCK UPDATED Filing Status Changed: 01/14/2020

State Status Changed: Deemer Date:

Created By: Brenda Clapper Submitted By: Brenda Clapper

Corresponding Filing Tracking Number:

Filing Description:

This filing proposes to revise Commercial Auto base rates to produce an average premium level impact of +6.1%. The proposed effective date is 1/18/2020.

This filing proposes to:

- ~ Adopt the latest approved ISO Loss Costs (CA-2019-BRLA1)
- ~ Adopt ISO Liability Deductible Factors from CA-2018-IALL1
- ~ Revise Publics Bus Not Otherwise Classified Classification Factors
- ~ Revise Employed Non-Owned Liability (ENOL) base rates

Company and Contact

Filing Contact Information

Brenda Clapper, Senior Product Consultant brenda.clapper@thehartford.com

One Hartford Plaza 860-547-6383 [Phone] T-9 860-547-5941 [FAX]

Hartford, CT 06155

SERFF Tracking #: HART-132214528 State Tracking #: Company Tracking #: FN.02.550.2020.01

State ID Number:

State ID Number:

State ID Number:

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name: CA 2020 - Legacy Rate Revision Project Name/Number: Commercial Auto /FN.02.550.2020.01

Filing Company Information

Hartford Casualty Insurance CoCode: 29424 State of Domicile: Indiana Company Group Code: 91 Company Type: Property

Hartford Plaza Group Name: The Hartford Ins.

Hartford, CT 06155 Group

(860) 547-5000 ext. [Phone] FEIN Number: 06-0294398

Hartford Insurance Company of CoCode: 37478 State of Domicile: Indiana the Midwest Group Code: 91 Company Type: Property

Hartford Plaza Group Name: The Hartford Ins.

Hartford, CT 06155 Group

(860) 547-5000 ext. [Phone] FEIN Number: 06-1008026

Hartford Underwriters Insurance CoCode: 30104 State of Domicile: Connecticut

Company Group Code: 91 Company Type: Property

Hartford Plaza Group Name: The Hartford Ins.

Hartford, CT 06155 Group

(860) 547-5000 ext. [Phone] FEIN Number: 06-1222527

CoCode: 34690 Property and Casualty Insurance State of Domicile: Indiana Company of Hartford Group Code: 91 Company Type: Property

Hartford Plaza State ID Number: Group Name: The Hartford Ins.

Hartford, CT 06155 Group

(860) 547-5000 ext. [Phone] FEIN Number: 06-1276326

Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana

Company Type: Property Hartford Plaza Group Code: 91 Hartford, CT 06155 Group Name: The Hartford Ins. State ID Number:

(860) 547-5000 ext. [Phone] Group

FEIN Number: 06-0732738

CoCode: 19682 State of Domicile: Connecticut Hartford Fire Insurance Company

Hartford Plaza Group Code: 91 Company Type: State ID Number: 690 Asylum Avenue Group Name: The Hartford Ins.

Group

Hartford, CT 06155

FEIN Number: 06-0383750 (860) 547-5000 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: HART-132214528 State Tracking #: Company Tracking #: FN.02.550.2020.01

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:CA 2020 - Legacy Rate RevisionProject Name/Number:Commercial Auto /FN.02.550.2020.01

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	40. PUBLIC AUTO CLASSIFICATIONS	Brenda Clapper	01/16/2020	01/16/2020

 SERFF Tracking #:
 HART-132214528
 State Tracking #:
 Company Tracking #:
 FN.02.550.2020.01

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:CA 2020 - Legacy Rate RevisionProject Name/Number:Commercial Auto /FN.02.550.2020.01

Amendment Letter

Submitted Date: 01/16/2020

Comments:

Per the Actuarial Memo we have attached the Revised Rule page for our Bus Not Otherwise Classified Classification Factors.

Thank You,

Changed Items:

No Form Schedule Items Changed.

Rate	Rate Schedule Item Changes										
Item				Previous State Filing Number							
No.	Exhibit Name	Rule # or Page #	Rate Action		Date Submitted						
1	40. PUBLIC AUTO CLASSIFICATIONS	RU_4.40_CA-DC-2020-RU- 501	Replacement		01/16/2020 By:						

No Supporting Documents Changed.

SERFF Tracking #: HART-132214528 State Tracking #: Company Tracking #: FN.02.550.2020.01

First Filing Company:

Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

District of Columbia

Product Name:CA 2020 - Legacy Rate RevisionProject Name/Number:Commercial Auto /FN.02.550.2020.01

Rate Information

State:

Rate data applies to filing.

Filing Method: File & Use

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 2.600%

Effective Date of Last Rate Revision: 01/12/2019

Filing Method of Last Filing: File & Use

SERFF Tracking Number of Last Filing: HART-131781494

Company Rate Information

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	Holders Affected	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
Hartford Casualty Insurance Company	19.500%	6.100%	\$4,050	9	\$66,394	34.000%	-7.300%
Hartford Insurance Company of the Midwest	19.500%	6.100%	\$576	5	\$9,447	16.600%	4.100%
Hartford Underwriters Insurance Company	19.500%	6.100%	\$11,419	58	\$187,202	28.900%	2.300%
Property and Casualty Insurance Company of Hartford	19.500%	6.100%	\$877	1	\$14,385	0.300%	0.300%
Twin City Fire Insurance Company	19.500%	6.100%	\$13,444	26	\$220,389	32.000%	2.600%
Hartford Fire Insurance Company	19.500%	6.100%	\$7,483	41	\$122,669	50.000%	1.100%

SERFF Tracking #: HART-132214528 State Tracking #: Company Tracking #: FN.02.550.2020.01

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:CA 2020 - Legacy Rate RevisionProject Name/Number:Commercial Auto /FN.02.550.2020.01

Rate/Rule Schedule

Item	Schedule Item				Previous State	
No.	Status	Exhibit Name	Rule # or Page #	Rate Action	Filing Number	Attachments
1		Legacy Rate Pages	CA-HR-1 thru CA-HR-26	Replacement		Legacy Rate Pages.pdf
2		40. PUBLIC AUTO CLASSIFICATIONS	RU_4.40_CA-DC-2020-RU- 501	Replacement		RU_4.40_CA-DC-2020-RU- 501.pdf

8. POLICY WRITING MINIMUM PREMIUM

A. Prepaid Policies \$250

B. Annual Premium Payment \$250

Plan Policies or Continuous Policies

9. ADDITIONAL PREMIUM CHANGES

B. Waive additional premium of \$15 or less.

10. RETURN PREMIUM CHANGES

B. Waive return premium of \$15 or less.

CA-HR-1 EDITION: 01/2020

23. TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS

201 11100	LIABILITY				PEF	RSONAL INJURY	PROTECTION				
	Subline Code (611) Limits Identifier Code					Subline Code	o (615)				
	(1)		Income Bene	efits		Subline Code	3 (013)				
	100,000 Liability										
	Limit	Inci	udes Replaceme			Funeral Ben			Medical Benefits		
Terr. Codes	Limit Code 10	Limit	Not covered by Workers Compensation	Covered by Workers Compensation	Limit	Not covered by Workers Compensation	Covered by Workers Compensation	Limit	Not covered by Workers Compensation	Covered by Workers Compensation	
001	1998	\$12,000	26	10	\$4,000	4	1	\$50,000	58	23	
		\$24,000	53	21				\$100,000	63	26	
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For liability increased limits factors, refer to Rule 100.

For liability fleet factors, refer to Rule 22.

For Madical Payments, refer to Rile 92, as applicable.

CA-HR-2 EDITION: 01/2020

23. TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS
NOT USED IN DUMPING OPERATIONS
LOCAL AND INTERMEDIATE-ALL VEHICLES
LONG DISTANCE-LIGHT TRUCKS AND TRAILERS USED WITH LIGHT TRUCKS

Subline Code (618)

PHYSICAL DAMAGE OCN \$15,001-20,000

	Specified	\$500	\$500		Specified	500	\$500		Specified	500	\$500
	Causes	Coverage	Deductible		Causes	Coverage	\$500 Deductible		Causes	Coverage	\$500 Deductible
	of Loss	Comprehensive	Collision		of Loss	Comprehensive	Collision		of Loss	Comprehensive	Collision
	0. 2000	Coverage Code	000.0		0. 2000	Coverage Code	000.0		0. 2000	Coverage Code	000.0
	(020)	(726)	(077)		(020)	(726)	(077)		(020)	(726)	(077)
Territory				Territory		, ,	,	Territory		, ,	
224		4=0									
001	107	150	376								

For physical damage fleet factors, refer to Rule 22.

For additional coverages, refer to the Additional Coverages table for Rule 23.

For deductible factors, refer to Rule 98.

For OCN and Age Group factors, refer to Rule 101.

For trucks and trailers used in dumping operations and all truck-tractors, multiply the collision premium by 1.25.

For stated Amount factors, refer to Rule 101.

CA-HR-3 EDITION: 01/2020

Legal Liability Rates for Physical Damage To Trailers Under A Trailer Interchange Agreement

Daily Per Trailer Base Rates

24. TRUCKERS/MOTOR CARRIERS

			I	Legal Liabil	lity For Phy	sical Damage T	o Trailers l r Trailer Ba		er Interchar	ige Agreeme	ent				
		Loc	cal			Daily I C	Intermediate					Long Distance			
Limit of	No Ded Comp or		Collision D	eductibles		No Ded Comp or Specified Causes	Collision Deductibles				No Ded Comp or Specified		Collision De	eductibles	
Liability	Specified Causes of Loss	\$100	\$250	\$500	\$1,000	of Loss	\$100	\$250	\$500	\$1,000	Causes of Loss	\$100	\$250	\$500	\$1,000
\$1,000	.008	.106	.055	.044	.027	.015	.169	.091	.070	.042	.023	.262	.138	.109	.065
2,000	.015	.114	.065	.052	.034	.023	.188	.107	.086	.052	.035	.289	.164	.133	.082
3,000	.018	.126	.077	.062	.039	.029	.205	.122	.099	.064	.047	.315	.190	.154	.097
4,000	.023	.136	.086	.070	.047	.037	.220	.139	.114	.074	.057	.339	.213	.176	.114
5,000	.029	.146	.096	.081	.052	.044	.237	.154	.129	.086	.069	.366	.238	.200	.129
6,000	.032	.156	.106	.091	.059	.052	.253	.173	.146	.096	.079	.393	.263	.223	.148
7,000	.037	.168	.114	.099	.065	.060	.272	.188	.159	.106	.092	.418	.289	.247	.163
8,000	.042	.178	.126	.107	.070	.067	.290	.203	.173	.116	.104	.445	.312	.268	.180
9,000	.047	.188	.136	.116	.077	.074	.305	.220	.190	.128	.114	.470	.337	.290	.195
10,000	.050	.198	.146	.126	.086	.082	.322	.235	.205	.138	.126	.495	.362	.315	.213
11,000	.055	.210	.154	.136	.092	.089	.339	.253	.220	.149	.136	.522	.388	.337	.228
12,000	.060	.220	.166	.144	.097	.097	.356	.270	.235	.159	.149	.549	.414	.361	.245
13,000	.064	.230	.176	.154	.104	.104	.374	.285	.250	.169	.159	.575	.438	.383	.260
14,000	.069	.240	.186	.163	.111	.111	.389	.300	.263	.180	.171	.599	.463	.406	.277
15,000	.072	.250	.195	.173	.117	.119	.408	.317	.278	.191	.183	.626	.488	.429	.294
16,000	.079	.260	.205	.181	.124	.126	.424	.334	.294	.201	.195	.653	.513	.451	.310
17,000	.082	.272	.216	.191	.129	.134	.441	.349	.310	.213	.206	.678	.537	.476	.325
18,000	.087	.282	.225	.198	.136	.141	.458	.366	.324	.223	.218	.705	.562	.497	.342
19,000	.092	.290	.235	.208	.143	.149	.473	.381	.337	.232	.228	.730	.587	.520	.357
20,000	.096	.302	.245	.216	.151	.156	.492	.398	.352	.243	.240	.755	.612	.544	.374
						ges Added For E			Excess Of						
	\$.003	.012	.010	.010	.007	\$.007	.017	.015	.015	.012	\$.012	.027	.025	.023	.017

Table 24.B.2.b.(2)(b) Trailer Interchange Agreement Base Rates

Liability Minimum Premium \$30

Table 24.C.2.b.(5) Cost Of Hire Basis Liability Minimum Premium

CA-HR-4 EDITION: 01/2020

25. PREMIUM DEVELOPMENT - ZONE-RATED AUTOS

	Zone-Ratir	ıg Table - Z	one 02 (Baltimor	e/Washington) Combination	
				\$500	\$500	\$500
			\$100,000	Medical	Deductible	Deductible
Zone	Description	Code	Liability	Payments	Collision	Comprehensive
01	Atlanta	401	2469	84	597	226
02	Baltimore/Washington	402	2407	82	580	240
03	Boston	403	2337	79	513	226
04	Buffalo	404	2407	82	580	240
05	Charlotte	405	2469	84	597	226
06	Chicago	406	2288	77	528	208
07	Cincinnati	407	2288	77	528	208
08	Cleveland	408	2288	77	528	208
09	Dallas/Fort Worth	409	3201	109	812	226
10	Denver	410	2815	96	565	284
11	Detroit	411	2288	77	528	208
12	Hartford	412	2337	79	513	226
13	Houston	413	3201	109	812	226
14	Indianapolis	414	2288	77	528	208
15	Jacksonville	415	2469	84	597	226
16	Kansas City	416	2335	79	510	235
17	Little Rock	417	3201	109	812	226
18	Los Angeles	418	3364	114	768	300
19	Louisville	419	2345	81	530	322
20	Memphis	420	2345	81	530	322
21	Miami	421	2469	84	597	226
22	Milwaukee	422	2335	79	510	235
23	Minneapolis/St. Paul	423	2335	79	510	235
24	Nashville	424	2345	81	530	322
25	New Orleans	425	2877	97	654	243
26	New York City	426	2407	82	580	240
27	Oklahoma City	427	3201	109	812	226
28	Omaha	428	2335	79	510	235
29	Phoenix	429	2815	96	565	284
30	Philadelphia	430	2407	82	580	240
31	Pittsburgh	431	2407	82	580	240
32	Portland	432	3364	114	768	300
33	Richmond	433	2469	84	597	226
34	St. Louis	434	2335	79	510	235
35	Salt Lake City	435	2815	96	565	284
36	San Francisco	436	3364	114	768	300
37	Tulsa	437	3201	109	812	226
40	Pacific	440	3451	117	768	317
41	Mountain	441	2889	99	565	299
42	Midwest	442	2396	82	510	247
43	Southwest	443	3285	112	812	238
44	North Central	444	2349	81	528	218
45	Mideast	445	2407	82	530	339
46	Gulf	446	2953	101	654	255
47	Southeast	447	2533	86	597	238
48	Eastern	448	2469	84	580	253
49	New England	449	2397	82	513	238

CA-HR-5 EDITION: 01/2020

32. PRIVATE PASSENGER TYPES

32. FIXIVA	TE PASSENGER	ITES											
	LIABILITY		PERSONAL INJURY PROTECTION										
	Subline Code (611) Limits Identifier Code					Subline Code	e (615)						
	(1)		Income Bene	afite		Subilifie Code	5 (013)						
	100,000 Liability		income bene	5111.5									
	Limit	Incl	udes Replaceme	nt Services	Funeral Benefits		efits	Medical Benefits					
Terr. Codes	Limit Code 10	Limit	Not Principally Operated by Employees	Principally Operated by Employees	Limit	Not Principally Operated by Employees	Principally Operated by Employees	Limit	Not Principally Operated by Employees	Principally Operated by Employees			
001	1385	\$12,000	28	11	\$4,000	5	2	\$50,000	63	25			
		\$24,000		22	, ,			\$100,000		28			
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For liability increased limits factors, refer to Rule 100.

For liability fleet factors, refer to Rule 22.

For Madical Payments, refer to Rile 92, as applicable.

CA-HR-6 EDITION: 01/2020

32. PRIVATE PASSENGER TYPES

Subline Code (618)

PHYSICAL DAMAGE OCN \$15,001 - 20,000

	\$500	\$500		\$500	\$500		\$500	\$500
	Deductible	Deductible		Deductible	Deductible		Deductible	Deductible
	Comprehensive	Collision		Comprehensive	Collision		Comprehensive	Collision
	Coverage	Code		Coverage	Code		Coverage	Code
	(726)	(077)		(726)	(077)		(726)	(077)
Territory			Territory			Territory		
Territory 001	Coverage	Code	Territory	Coverage	Code	Territory	Coverage	Code

For additional Coverages, refer to the additional coverages table in Rule 23. For deductible factors, refer to Rule 98. For OCN and Age Group factors, refer to Rule 101.

For stated Amount factors, refer to Rule 101.

34. TOWING AND LABOR COSTS Premium - \$15.00 per car.

CA-HR-7 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS TAXIS & LIMOUSINES

	LIABILITY				PEI	RSONAL INJURY	PROTECTION			
	Subline Code									
	(611) Limits									
	Identifier Code					Subline Code	(615)	1		
	(1)		Income Bene	efits						
	100,000 Liability	المما	udaa Damlaaama	mt Comileon		Funeral Den	4:40		Madical Danet	ii.
	Limit	Inci	udes Replaceme	Other Than		Funeral Bene	Other Than		Medical Benef	Other Than
Terr.	Limit Code		Owner	Owner		Owner Operated	Owner		Owner Operated	Owner
Codes	10	Limit	Operated	Operated	Limit	Owner Operated	Operated	Limit	Owner Operated	Operated
001	9550	\$12,000	175	132	\$4,000	26	18	\$50,000	407	307
	- 3333	\$24,000	371	279	ψ .,σσσ		.0	\$100,000		330
		Ψ24,000	371	213				Ψ100,000	430	330
	-									
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	-									
	-									
	-									
	-									
	_									

For liability increased limits factors, refer to Rule 100. For liability fleet factors, refer to Rule 39. For Madical Payments, refer to Rile 92, as applicable.

CA-HR-8 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS SCHOOL & CHURCH BUSES

	LIABILITY		PERSONAL INJURY PROTECTION									
	Subline Code											
	(611) Limits Identifier Code			Subline Cod	de (615)							
	(1)	Income	Subline Code (615) Income Benefits									
	100,000 Liability											
_	Limit	Includes Repla	acement Services	Funera	I Benefits	Medica	I Benefits					
Terr. Codes	Limit Code 10	Limit	Rate	Limit	Rate	Limit	Rate					
001	848	\$12,000	33	\$4,000	6	\$50,000	73					
001	040	\$12,000	67	φ4,000	O	\$100,000	73 79					
	-	Ψ24,000	O7			ψ100,000	7.5					
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For liability increased limits factors, refer to Rule 100.

For liability fleet factors, refer to Rule 39.

For Madical Payments, refer to Rile 92, as applicable.

CA-HR-9 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS ALL OTHER BUSES

LIABILITY PERSONAL INJURY PROTECTION									
Subline Code									
(611) Limits									
Identifier Code Subline Code (615)									
(1) Income Benefits	Income Benefits								
100,000 Liability									
Limit Includes Replacement Services Funeral Benefits	Medical Bene	efits							
Not Government Government Government	Not Government	Government							
Terr. Limit Code Government Spansored Spansored Spansored	Spancarad	Sponsored							
Codes 10 Limit Sponsored Limit Limit	It .								
<u>001</u> 5853 \$12,000 301 151 \$4,000 43 22 \$50,		350							
\$24,000 635 318 \$100	000 753	377							

For liability increased limits factors, refer to Rule 100. For liability fleet factors, refer to Rule 39. For Madical Payments, refer to Rile 92, as applicable.

CA-HR-10 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS VAN POOLS

	LIABILITY				PE	RSONAL INJURY	PROTECTION			
	Subline Code									
	(611) Limits									
	Identifier Code					Subline Code	e (615)	1		
	(1)		Income Bene	efits						
	100,000 Liability									
_	Limit	Incl	Includes Replacement Services			Funeral Benefits			Medical Bene	fits
Terr. Codes	Limit Code 10	Limit	Employer Furnished	All Other	Limit	Employer Furnished	All Other	Limit	Employer Furnished	All Other
001	2310	\$12,000	8	22	\$4,000	2	4	\$50,000	20	53
		\$24,000	18	47				\$100,000	22	57
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For liability increased limits factors, refer to Rule 100. For liability fleet factors, refer to Rule 39.

For Madical Payments, refer to Rile 92, as applicable.

CA-HR-11 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS TAXIS, LIMOUSINES, AND VANPOOLS

Subline Code (618)

PHYSICAL DAMAGE OCN \$15,001-20,000

	Specified Causes of Loss	\$500 Coverage Comprehensive Coverage Code	\$500 Deductible Collision		Specified Causes of Loss	500 Coverage Comprehensive Coverage Code	\$500 Deductible Collision		Specified Causes of Loss	500 Coverage Comprehensive Coverage Code	\$500 Deductible Collision
	(020)	(726)	(077)		(020)	(726)	(077)		(020)	(726)	(077)
Territory	` ,	, ,	, ,	Territory	, ,			Territory	,		,
001	117	166	553								

For physical damage fleet factors, refer to Rule 39.

For additional coverages, refer to the Additional Coverages table for Rule 40.

For deductible factors, refer to Rule 98.

For OCN and Age Group factors, refer to Rule 101.

For stated Amount factors, refer to Rule 101.

CA-HR-12 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS SCHOOL, CHURCH, AND ALL OTHER BUSES

Subline Code (618)

PHYSICAL DAMAGE OCN \$15,001-20,000

	Specified Causes of Loss	\$500 Coverage Comprehensive Coverage Code	\$500 Deductible Collision		Specified Causes of Loss	500 Coverage Comprehensive Coverage Code	\$500 Deductible Collision		Specified Causes of Loss	500 Coverage Comprehensive Coverage Code	\$500 Deductible Collision
	(020)	(726)	(077)		(020)	(726)	(077)		(020)	(726)	(077)
Territory	` '	,		Territory	, ,	,	, ,	Territory	,	,	, ,
001	82	113	283								

For physical damage fleet factors, refer to Rule 39.

For additional coverages, refer to the Additional Coverages table for Rule 40.

For deductible factors, refer to Rule 98.

For OCN and Age Group factors, refer to Rule 101.

For stated Amount factors, refer to Rule 101.

CA-HR-13 EDITION: 01/2020

49. AUTO DEALERS - PREMIUM DEVELOPMENT

	LIABILITY		PERSONAL INJURY PROTECTION								
	Subline Code										
	(611) Limits										
	Identifier Code			Subline C	ode (615)						
	(1)	Income	Benefits								
	100,000 Liability										
	Limit	Includes Replac	ement Services	Funeral	Benefits	Medical E	Benefits				
Terr.	Limit Code		_				_				
Codes	10	Limit	Rate	Limit	Rate	Limit	Rate				
001	936	\$12,000	17	\$4,000	2	\$50,000	40				
		\$24,000	35			\$100,000	42				
	1										
	-										
	1										
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	1										
	1										

For liability increased limits factors, refer to Rule 100.

For liability fleet factors, refer to Rule 22.

For Madical Payments, refer to Rile 49, as applicable.

Other Than Auto losses for Garage risks are subject to an aggreagate limit equal to three times the liability limit.

Use aggreagate limit indicator Code (3). For additional limits, refer to Rule 49.

CA-HR-14 EDITION: 01/2020

49. AUTO DEALERS - PREMIUM DEVELOPMENT

Acts, Errors Or Omissions Base Loss Cost
94

Table 49.D.2.a. Acts, Errors Or Omissions Liability Coverages Loss Cost

	Liability Base Rate
Mileage	Per Driver, Per Trip
51 - 200 Miles	13
Over 200 Miles	18

Table 49.E.1. Pick Up Or Delivery Of Autos Base Rates

	Base Rate Per
Limit	\$100 Of Inventory Value
25,000	0.03
50,000	0.05
100,000	0.07

Table 49.I. False Pretense Base Rates

	Individual Coverage Drive-away Collision Per Car, Per Trip												
		Base Rates For Mileage And Deductible - All Territories, Types, Makes And Age Groups											
Price New At		0 - 500 Miles	3	50	1 - 1,000 Mi	les	1,0	1,001 - 1,500 Miles			er 1,500 Mi	les	
Factory To Dealer	\$100	\$250	\$500	\$100	\$250	\$500	\$100	\$250	\$500	\$100	\$250	\$500	
\$ 0 - 7,500	7.48	4.46	3.36	12.43	7.48	5.59	16.54	9.93	7.43	20.70	12.43	9.33	
7,501 - 15,000	10.77	6.48	4.85	17.90	10.72	8.07	23.86	14.33	10.74	29.85	17.90	13.44	
15,001 - 25,000	15.01	8.99	6.76	24.90	14.96	11.21	33.15	19.91	14.91	41.40	24.88	18.64	
25,001 - 40,000	18.20	10.92	8.17	30.26	18.20	13.62	40.26	24.16	18.12	50.35	30.21	22.66	
40,001 - 65,000	25.45	15.28	11.46	42.36	25.42	19.06	56.39	33.82	25.38	70.46	42.28	31.71	
Over \$65,000	31.86	19.13	14.34	52.98	31.79	23.84	70.46	42.28	31.71	88.06	52.83	39.64	

Table 49.K.1. Individual Coverage Drive-away Collision Base Rates

	Blanket Coverage Drive-away Collision Per Car, Per Trip												
		Base Rates For Mileage And Deductible – All Territories, Types, Makes And Age Groups											
Price New At		51 - 500 Miles			501 - 1,000 Miles			1,001 - 1,500 Miles			Over 1,500 Miles		
Factory To Dealer	\$100	\$250	\$500	\$100	\$250	\$500	\$100	\$250	\$500	\$100	\$250	\$500	
\$ 0 - 7,500	3.83	2.32	1.71	6.26	3.72	2.82	8.34	5.02	3.76	10.35	6.19	4.66	
7,501 - 15,000	5.39	3.24	2.43	8.99	5.39	4.04	11.94	7.20	5.39	14.96	8.99	6.74	
15,001 - 25,000	7.48	4.46	3.36	12.52	7.48	5.65	16.54	9.93	7.43	20.70	12.43	9.33	
25,001 - 40,000	9.14	5.47	4.11	15.17	9.14	6.83	20.13	12.06	9.06	25.15	15.10	11.32	
40,001 - 65,000	12.80	7.68	5.75	21.21	12.72	9.55	28.18	16.91	12.68	35.23	21.14	15.85	
Over \$65,000	15.97	9.58	7.18	26.54	15.92	11.94	35.23	21.14	15.85	44.07	26.44	19.81	

Table 49.K.2. Blanket Coverage Drive-away Collision Base Rates

CA-HR-15 EDITION: 01/2020

49. AUTO DEALERS - PREMIUM DEVELOPMENT

For non-franchised dealers, multiply the rates displayed on this page by 1.10

Subline Code (618)

FIRE RATE Coverage Code (011)

\$0.18

FIRE AND THEFT RATES Coverage Code (012)

*Theft is subject to a \$100 per car/\$500 per occurrence deductible.

Territory	Building and Standard	Non-Standard	Miscellaneous Types					
Code	Open Lots	Open Lots	listed in this rule					
ALL TERRITORIES	\$0.94	\$1.12	\$0.69					
*Optional Deductibles:	\$250 per car and \$1,000 per occurrence - Multiply the above by .90 \$500 per car and \$2,500 per occurrence - Multiply the above by .75							

SPECIFIED PERILS Coverage Code (020)

*Theft and Mischief or Vandalism are subject to a \$100 per car/\$500 per occurrence deductible

		0	pen Lots	Miscellaneous Types listed in this rule					
Territory Code	Buildings	Standard Open Lots	Non-Standard Open Lots	Buildings	Open Lots				
Code	Dunanigs	Open Lots	Open Lots	Danangs	Open Lots				
ALL TERRITORIES	\$1.28	\$1.38	\$1.58	\$1.04	\$1.14				
*Optional Deductibles:	\$25	\$250 per car and \$1,000 per occurrence - Multiply the above by .90							
	\$50	\$500 per car and \$2,500 per occurrence - Multiply the above by .75							

LIMITED SPECIFIED PERILS Coverage Code (021)

*Theft is subject to a \$100 per car/\$500 per occurrence deductible.

		Open Lots		Miscellaneous Types listed in this rule	
Territory		Standard	Non-Standard	1150	1010
Code	Buildings	Open Lots	Open Lots	Buildings	Open Lots
ALL TERRITORIES	\$1.19	\$1.28	\$1.46	\$0.96	\$1.04
*Optional Deductibles:		per car and \$1,000 per occurrence - Multiply the above by .90 per car and \$2,500 per occurrence - Multiply the above by .75			

CA-HR-16 EDITION: 01/2020

49. AUTO DEALER - PREMIUM DEVELOPMENT

For non-franchised dealers, multiply the rates displayed on this page by 1.10.

Subline Code (618)

COMPREHENSIVE RATES Coverage Code (201)

*Theft and Mischief or Vandalism are subject to a \$100 per car/\$500 per occurrence deductible

Territory Code	Buildings	Standard Open Lots	Non-Standard Open Lots	Miscellaneous Types listed in this rule
ALL TERRITORIES	\$1.46	\$1.59	\$1.80	\$1.38

^{*}Optional Comprehensive Deductibles

\$250 per car and \$1,000 per occurrence - multiply the above rates by .90 (Coverage Code 202) \$500 per car and \$2,500 per occurrence - multiply the above rates by .75 (Coverage Code 203)

BLANKET COLLISION RATES

Deductible	* Reporting Form - '	Total of Values Reported	Each Month or Quarter
and	* Non-Reporting Fo	rm - Total of Limits of Lia	ability
Coverage	* In Rating Territori	es Having the Same Collis	sion Rate Level
Code	First \$50,000 and under	\$50,001-\$100,000	Over \$100,000
\$100			
(074)	\$6.38	\$2.58	\$0.89
\$250			
(076)	\$3.74	\$1.41	\$0.64

See Rule 98 for Deductibles not shown above.

50. AUTOMOBILE DEALERS - ADDITIONAL PROVISIONS

Truth in Lending coverage and Odometer coverage may be provided. Charge the following premiums.

Liability Premium	Truth in Lending Charge*	Odometer Charge*
\$ 0-500	\$50	\$50
501-2000	65	65
2001-4000	85	85
4001-7000	115	115
7001-15,000	145	145
15,001-30,000	1% of Liab. Prem.	1% of Liab. Prem.
Over 30,000	Refer to Co.	Refer to Co.

^{*}The limit of liability for those coverages at the premium levels indicated are to be the same as the Liability insurance provided by the policy subject to a maximum \$300,000. (Note: Premiums are already increased for limits- do not apply increased limits factors.)

CA-HR-17 EDITION: 01/2020

55. GARAGEKEEPERS' INSURANCE - PREMIUM DEVELOPMENT

Subline Code (618)

	GARAGEKEEP	ERS' PREMIUMS - O	THER THAN COLLISI	ON
*Theft and Mischie	f or Vandalism losses	are subject to a \$100p	per car/\$500 per occui	rrence deductible.
		D PERILS		EHENSIVE
	Legal Liability			Direct (Primary)
Maximum Limit		e Codes	Coverage Codes	
of Liability	(214)	(215)	(211)	(212)
6,000	30	40	37	49
7,500	35	47	42	57
9,000	40	55	49	65
12,000	50	67	60	81
15,000	59	79	70	96
18,000	65	89	79	106
22,500	79	107	96	128
30,000	99	134	119	161
37,500	117	158	141	190
45,000	134	180	159	216
60,000	164	221	198	267
75,000	195	262	233	314
90,000	223	302	268	362
120,000	275	371	331	446
150,000	322	436	388	522
180,000	372	502	446	602
225,000	446	604	537	725
300,000	565	763	680	916
375,000	686	926	824	1111
450,000	804	1084	965	1302
600,000	1029	1388	1233	1666
750,000	1247	1683	1497	2020
900,000	1460	1970	1750	2364
1,200,000	1861	2512	2233	3015
1,500,000	2223	3000	2668	3601
2,000,000	2515	3396	3018	4074
2,500,000	2740	3698	3287	4438
Over				
	Refer to Company			
Direct Coverage (Exces			Premium Computation	າ
Specified Perils (216)	•		e coverage 214 premi	
Comprehensive (213)		Multiply th	e coverage 211 premi	um by 1.15

^{*}Theft and Mischief or Vandalism losses are subject to a \$100 per car and \$500 per occurrence deductible applying to each loss.

Optional Deductibles

\$250 per car and \$1,000 per occurence-Multiply the above rates by .90. \$500 per car and \$2,500 per occurence-Multiply the above rates by .75.

CA-HR-18 EDITION: 01/2020

55. GARAGEKEEPERS' INSURANCE - PREMIUM DEVELOPMENT

Subline Code (618)

		C. 11 O LO LICEL	ERS' PREMIUM:	ctibles		
	¢.	100		250	¢.	500
	Legal	Direct	Legal	Direct	Legal	Direct
	Liability	(Primary)	Liability	(Primary)	Liability	(Primary)
Maximum Limit	•	ge Codes		ge Codes	•	ge Codes
of Liability	(311)	(312)	(311)	(312)	(311)	(312)
6,000	55	76	35	49	29	37
7,500	64	87	42	57	32	44
9,000	74	99	47	64	37	49
12,000	92	126	60	82	47 55	62
15,000	111	149	72	97	55	76
18,000	131	178	86	116	65	89
22,500	154	208	101	136	77	104
30,000	198	267	129	174	99	134
37,500	233	315	151	205	116	158
45,000	262	354	171	230	131	178
60,000	329	445	215	289	164	223
75,000	396	535	258	347	198	267
90,000	455	614	295	399	227	307
120,000	569	767	369	498	284	384
150,000	683	921	443	599	341	460
180,000	787	1062	512	690	393	532
225,000	941	1270	612	826	471	636
300,000	1198	1617	779	1050	599	809
375,000	1451	1960	943	1273	725	980
450,000	1701	2297	1106	1493	851	1149
600,000	2196	2966	1428	1928	1099	1483
750,000	2685	3622	1745	2356	1342	1812
900,000	3141	4242	2042	2757	1570	2121
1,200,000	3995	5394	2597	3507	1998	2696
1,500,000	4790	6468	3114	4205	2396	3233
2,000,000	5466	7381	3554	4797	2733	3690
2,500,000	5956	8042	3872	5227	2978	4020
Over						
2,500,000 R	tefer to Compa	ny				
irect Coverage (E	xcess)			Premium Compu		
ollision (313)			Multipl	y the coverage 31	1 premium by 1.	.15

For additional coverages, refer to the company.

CA-HR-19 EDITION: 01/2020

66. ANTIQUE AUTOS (Class Code 9620)

	Base Rate Per \$100 Of
Coverage	Insurance With \$50 Ded.
Fire	0.27
Fire and Theft	0.54
Comprehensive	0.94
Collision	0.82

Table 66.B.2. Antique Autos Physical Damage Base Rates

70. FINANCED AUTOS

			Single Int	erest Cov	erage			
							Conve	rsion,
Original Unpaid							Embezz	lement
Balance Including	Compreher	nsive	Collis	sion	Fire A	nd Theft	And Se	cretion
Finance Charges	New	Used	New	Used	New	Used	New	Used
\$0 - 1500	15	15	50	54	7	8	7	8
1501 - 2000	15	17	55	59	8	10	8	10
2001 - 2500	18	18	65	69	10	10	10	10
2501 - 3000	20	22	75	79	12	12	12	12
3001 - 3500	23	25	86	91	13	15	13	15
3501 - 4000	27	29	97	102	15	15	15	15
4001 - 4500	29	30	104	111	15	18	15	18
4501 - 5000	34	35	121	128	18	20	18	20
5001 - 6000	40	42	141	149	22	23	22	23
6001 - 8000	52	54	186	196	29	32	29	32
Over 8000 Per \$100	0.72	0.77	2.63	2.78	0.40	0.44	0.40	0.44

Table 70.C.1.a. Single Interest Coverage Base Rates

CA-HR-20 EDITION: 01/2020

75. LEASING OR RENTAL CONCERNS

	Base Rates Per \$100
Vehicle Type	Of Insurance
Trucks, Tractors and Trailers	1.04
All Others	5.17

Table 75.B.3.b. Conversion, Embezzlement Or Secretion Base Rates

77. MOTORCYCLES

	Base Rate Per \$100		
Coverage	Of Insurance		
Fire	0.59		
Fire And Theft	1.96		

Table 77.B.4.a.(2) Motorcycles Fire, Fire And Theft Physical Damage Base Rates

79. REPOSSESSED AUTOS

Liability Base Rate
Per Repossessed Auto
6.44

Table 79.B.1.a. Repossessed Autos Liability Base Rate

Liability Minimum Premium
40

Table 79.B.1.d. Repossessed Autos Liability Minimum Premium

80. SNOWMOBILES

	Liability Base
Liability Coverage Option	Base Rate
Passenger Hazard Excluded	45
Passenger Hazard Included	104

Table 80.B.1. Snowmobiles Liability Base Rates

\$500 Limit Medical Payments Base Rate	
10	

Table 80.B.2. Snowmobiles Medical Payments Base Rate

	Base Rate Per \$100
	Of Insurance
Coverage	With \$100 Ded.
Comprehensive	
Excludes Breaking Through Ice	1.54
Includes Breaking Through Ice	2.06
Collision	2.06

Table 80.B.5. Snowmobiles Physical Damage Base Rates

CA-HR-21 EDITION: 01/2020

89. NON-OWNERSHIP LIABILITY

Class	Total Number Of	Liability
Code	Employees	Base Rate
6638	0-9	130
6639	10-19	162
6640	19-25	195
6602	26 - 100	345
6603	101 - 500	616
6604	501 - 1,000	972
6605	Over 1,000	2,177

Table 89.C.1.a.(1) Other Than Garage Service Operations Base Rates

Liability Base Rate Per Volunteer	
3	

Table 89.C.2.b. Social Service Agency Volunteers Liability Base Rate

Liability Base Rate Per Volunteer Donor
0.72

Table 89.C.2.d. Blanket Individual Liability Of Volunteers Base Rate

Liability Minimum Premium	
15	

Table 89.C.2.e. Social Service Agency Risks Liability Minimum Premium

90. HIRED AUTOS

Cost of Hire Basis - All Territories
Liability Base Rate
\$3.25

Table 90.B.3.b. Cost Of Hire Basis Liability Base Rate

Liability Minimum Base Premium
300

Table 90.B.3.g. Hired Autos Liability Minimum Base Premium

Comprehensive	Rate per \$100 Annual
\$500 Deductible	0.55
\$1000 Deductible	0.51
\$2000 Deductible	0.47

ble 90.C.3.c. Hired Autos Comprehensive Coverage

Collision	Rate per \$100 Annual
\$500 Deductible	0.84
\$1000 Deductible	0.78
\$2000 Deductible	0.73

Table 90.C.3.c. Hired Autos Collision Coverage

Physical Damage Minimum Premium	
100	

Table 90.C.3.e. Hired Autos Physical Damage Minimum Premium

CA-HR-22

EDITION: 01/2020

94. RENTAL REIMBURSEMENT

	Base Rate Per \$100
Coverage	Of Insurance
Specified Causes of Loss	1.29
Comprehensive	1.54
Collision	2.58

Table 94.B.3. Rental Reimbursement Physical Damage Base Rates

95. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT

Added Limits For	
Audio, Visual And Data	
Electronic Equipment	Base Rate Per Auto
500	34
1,000	67
1,500	101
2,000	134
2,500	168
3,000	201
3,500	235
4,000	268
4,500	302
5,000	336
5,500	369
6,000	403
6,500	436
7,000	470
7,500	503
8,000	537
8,500	570
9,000	604
9,500	638
10,000	671

Table 95.B.2.a. Audio, Visual And Data Electronic Equipment Base Rates

96. TAPES, RECORDS AND DISCS COVERAGE

Base Rate Per Auto
15

Table 96.B. Tapes, Records And Discs Comprehensive Base Rate

CA-HR-23 EDITION: 01/2020

7. UNINSURED MOTORISTS		Sured and Underinsured M	otorists		
	Bodily Injury and Property Damage				
Bodily Injury	Other Than Private Passenger Types Passenger Types Per Exposure Exposure				
55,000		111	114		
60,000		115	117		
100,000		143	141		
125,000		158	153		
150,000		170	163		
200,000		191	180		
250,000		207	193		
300,000		220	203		
325,000		226	208		
350,000		232	213		
400,000		241	221		
500,000		258	234		
600,000		271	243		
750,000		287	256		
1,000,000)	307	271		
1,500,000)	335	292		
2 000 000)	353	305		

2,000,000 353 305

Table 97.B.1.a.Single Limits Uninsured and Underinsured Motorists Bodily Injury
And Property Damage Coverage Base Rates

Uninsured Motorists					
B	Bodily Injury and Property Damage				
Bodily Injury Limits	Private Passenger Types Per Exposure	Other Than Private Passenger Types Per Exposure			
55,000	58	80			
60,000	60	81			
100,000	69	93			
125,000	73	98			
150,000	76	102			
200,000	82	109			
250,000	86	114			
300,000	89	118			
325,000	90	120			
350,000	91	121			
400,000	94	125			
500,000	97	129			
600,000	100	132			
750,000	103	137			
1,000,000	107	141			
1,500,000	111	147			
2,000,000	114	150			

Table 97.B.1.b. Single Limits Uninsured Motorists Bodily Injury

CA-HR-24 EDITION: 01/2020

97. UNINSURED MOTORISTS INSURANCE

Uninsured And Underinsured Motorists Bodily Injury				
Bodily	Private Passenger	Other Than Private		
Injury Limits	Types Per Exposure	Passenger Types Per Exposure		
25,000/50,000	64	66		
50,000/100,000	94	92		
100,000/300,000	133	126		
250,000/500,000	192	173		
500,000/500,000	237	209		
500,000/1,000,000	241	212		
1,000,000/1,000,000	286	246		

Table 97.B.1.c. Split Limits Uninsured And Underinsured Motorists Bodily Injury Coverage Base Rates

Uninsured Motorists Bodily Injury				
	Private	Other Than		
	Passenger	Private		
Bodily	Types Per	Passenger		
Injury	Exposure	Types Per		
Limits		Exposure		
25,000/50,000	40	51		
50,000/100,000	51	64		
100,000/300,000	63	80		
250,000/500,000	78	99		
500,000/500,000	88	112		
500,000/1,000,000	89	113		
1,000,000/1,000,000	98	124		

Table 97.B.1.d. Split Limits Uninsured Motorists Bodily Injury Coverage Base Rates

CA-HR-25 EDITION: 01/2020

97. UNINSURED MOTORISTS INSURANCE

Uninsured And Underinsured Motorists Property Damage			
Property Damage Limits	Private Passenger Types Per Exposure	Other Than Private Passenger Types	
5,000		Per Exposure	
	15	21	
10,000	21	27	
25,000	31	36	
50,000	40	43	
100,000	53	52	

Table 97.B.1.e. Split Limits Uninsured And Underinsured Motorists

Property Damage Coverage Base Rates

Uninsured Motorists Property Damage				
	Private	Other Than		
	Passenger	Private		
Property	Types	Passenger		
Damage	Per Exposure	Types		
Limits		Per Exposure		
5,000	9	18		
10,000	11	21		
25,000	13	24		
50,000	13	25		
100,000	14	27		

Table 97.B.1.f. Split Limits Uninsured Motorists Property Damage Coverage Base Rates

Base Rate	
12	

Table 97.B.2.a.(4) Individual Named Insured Base Rate

103. POLLUTION LIABILITY.

3.c. Minimum Premium (Class Code 7971)

The minimum premium at \$25,000 limit is:

- (1) \$50 if the policy does not include Liability insurance for any non-owned autos:
- (2) \$75 if Liability insurance is provided for any non-owned autos.

(Note: Non-owned autos include but are not limited to Hired Autos and Employers non-ownership liability.)

CA-HR-26 EDITION: 01/2020

40. PUBLIC AUTO CLASSIFICATIONS

The Liability Factors for Public Auto Not Otherwise Classified in **Table 40.D.3.a. Other Buses** are replaced by the following:

D. Primary Classifications

3. Non-Fleet and Fleet Primary Classifications – Rating Factors And Statistical Codes for Local, Intermediate and Long Distance Radius a. Other Buses

Categories	Local (Up To 50 Miles)		Intermediate (51 To 200 Miles)			Long Distance (Over 200 Miles)			
	Co	de	Factor	Co	ode	Factor	Co	ode	Factor
Other Buses	Non- Fleet	Fleet	Liab.	Non- Fleet	Fleet	Liab.	Non- Fleet	Fleet	Liab.
Public Auto Not Otherwise Classified	585-	588-	0.75	586-	589-	0.85	5879	5809	1.00

Table 40.D.3.a. Other Buses

RU 4.40 CA-DC-2020-RU-501	© 2020, The Hartford
110_1110_071 20 2020 110 001	© 2020, 1110 Hartiora

SERFF Tracking #: HART-132214528 State Tracking #: Company Tracking #: FN.02.550.2020.01

State: District of Columbia First Filing Company: Hartford Casualty Insurance Company, ...

TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:CA 2020 - Legacy Rate RevisionProject Name/Number:Commercial Auto /FN.02.550.2020.01

Supporting Document Schedules

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Certification (P&C)
Comments:	Actualial Certification (1 &C)
Comments.	Language Antonomical Manage will
Attachment(s):	Legacy Actuarial Memo.pdf Legacy Filing Exhibits.pdf
Item Status:	
Status Date:	
Satisfied - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Comments:	See Actuarial Certification (P&C) above.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Comments:	Platifict of Columbia and Countrywide 2000 Natio / Malyolo (1 ac)
Attachment(s):	Legacy LC Adoption Form - HCIC.pdf Legacy LC Adoption Form - HFIC.pdf Legacy LC Adoption Form - HICMW.pdf Legacy LC Adoption Form - HUIC.pdf Legacy LC Adoption Form - PCIC.pdf Legacy LC Adoption Form - TCFIC.pdf Legacy LC Adoption Form - TCFIC.pdf
Item Status:	
Status Date:	

The Hartford Financial Services Group Commercial Automobile District of Columbia Actuarial Memorandum

Proposal Summary

This filing proposes to revise Commercial Auto base rates to produce an average premium level impact of +6.1%. The proposed effective date is 1/18/2020.

This filing proposes to:

- Adopt the latest approved ISO Loss Costs (CA-2019-BRLA1)
- Adopt ISO Liability Deductible Factors from CA-2018-IALL1
- Revise Publics Bus Not Otherwise Classified Classification Factors
- Revise Employed Non-Owned Liability (ENOL) base rates

Exhibit 1 shows proposed premium level changes by coverage and vehicle type.

Ratemaking Methodology

Support for the proposed change is based on indications prepared using a loss ratio method. The experience used is from The Hartford's Commercial Truck and Private Passenger vehicles. These vehicle types represent the bulk of our business. The Hartford's Garage and Publics experience was not reviewed because of small volume and lack of credibility.

The experience underlying the indication is from the five most recent accident years ending 7/31, evaluated as of 10/31/19, weighted by premium.

The underwriting profit load is calculated to deliver 15.0% return on surplus, taking into consideration the timing and amount of cash flows from all sources.

It reflects the investment income derived from policyholder supplied funds from the collection of premium to payment of claims and expenses. It also reflects the investment income derived from shareholder supplied funds (i.e. the surplus supporting underwriting operations.)

Please refer to Exhibit 2 Sheet 1 for the indication by coverage and vehicle type.

Adjustments to historical losses

Historical incurred losses are adjusted to expected prospective levels as shown on Exhibit 2 Sheet 2. The specific adjustments are described below.

Loss Adjustment Expense - Incurred losses are adjusted to include expected ultimate loss adjustment expenses. Please refer to Exhibit 5.

Loss Cost Trend - Incurred losses are trended to a common prospective loss cost level based on observed changes to ISO countrywide frequencies and severities with a 20 point fit from 12Q4 to 17Q3 for Liability, and a 8 point fit from 13Q2 to 16Q4 for Physical Damage. Please refer to Exhibit 6

Expected Loss Development - Incurred losses are developed to ultimate value based on The Hartford's countrywide loss development patterns. Please refer to Exhibit 7.

Excess Losses - are smoothed by capping individual claims at \$100,000. The actual excess losses are replaced with long-term expected excess losses. Please refer to Exhibit 8.

Adjustments to historical premium

Historical earned premiums are adjusted as shown in Exhibit 2 Sheet 3.

Premiums are brought to the current total limit manual rate levels. They are then adjusted to reflect the current average level of individual risk pricing. Premiums for physical damage coverages are further adjusted to account for expected increase in the average original cost new (OCN). Please refer to Exhibit 6 Sheet 4.

Credibility

The Hartford's District of Columbia experience is assigned credibility based on the total number of exposures underlying the experience. Partial credibility is determined using an E/(E+K) rule as follows:

Credibility = (# of exposures) / (# of exposures + K)

where K = E [Process Variance] / Var [Hypothetical Means] by line and coverage, as shown in the following table:

Coverage	K
Liability/PIP/UM	31,000
OTC	25,000
Collision	12,000

The complement of credibility weight is assigned to the projected ultimate countrywide loss and loss adjustment expense ratio (L&LAE).

Prepared by: Santhi Sulochanannair Commercial Auto Actuarial The Hartford Financial Services Group Commercial Auto

District of Columbia

Proposed Effective Date: 01/18/2020

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The Hartford Financial Services Group

Commercial Auto
District of Columbia

Proposed Effective Date: 01/18/2020

Summary of Proposed Premium Level Changes

Vehicle		Written Prem on Policies In Force as of	Impact of Change to ISO Base	_	ssible AE/R	Loss Modificat	Cost ion Factor		Cost	Base Rate	Public Bus NOC	Lia Ded Factor	ENOL	Proposed Premium Level
Type	Covg	10/31/2019	Loss Costs	Current	Proposed	Current	Proposed	Current	Proposed	Change	Change	Change	Change	Change
TTT	LIA	180,958	4.4%	59.6%	60.8%	1.720	1.750	2.88590604	2.87828947	4.1%	0.0%	0.0%	0.0%	4.1%
	OTC	11,691	0.0%	57.4%	57.5%	1.115	1.120	1.94250871	1.94782609	0.3%	0.0%	0.0%	0.0%	0.3%
	COL	30,742	4.9%	57.4%	57.5%	1.000	1.000	1.74216028	1.73913043	4.7%	0.0%	0.0%	0.0%	4.7%
	PIP	2,667	0.0%	59.6%	60.8%	0.850	0.867	1.42617450	1.42617450	0.0%	0.0%	0.0%	0.0%	0.0%
	UM	15,434	0.0%	59.6%	60.8%	1.450	1.500	2.43288591	2.46710526	1.4%	0.0%	0.0%	0.0%	1.4%
PPT	LIA	145,224	0.0%	59.6%	60.8%	1.650	1.740	2.76845638	2.86184211	3.4%	0.0%	0.0%	0.0%	3.4%
	OTC	22,777	8.5%	57.4%	57.5%	1.400	1.300	2.43902439	2.26086957	0.6%	0.0%	0.0%	0.0%	0.6%
	COL	59,142	6.0%	57.4%	57.5%	1.120	1.150	1.95121951	2.00000000	8.7%	0.0%	0.0%	0.0%	8.7%
	PIP	3,302	0.0%	59.6%	60.8%	0.940	0.959	1.57718121	1.57718121	0.0%	0.0%	0.0%	0.0%	0.0%
	UM	20,694	0.0%	59.6%	60.8%	1.450	1.500	2.43288591	2.46710526	1.4%	0.0%	0.0%	0.0%	1.4%
Publics	LIA	16,925	4.4%	59.6%	60.8%	1.349	1.349	2.26415315	2.21946592	2.3%	2.3%	0.0%	0.0%	4.7%
	OTC	532	0.0%	57.4%	57.5%	1.203	1.205	2.09542170	2.09542170	0.0%	0.0%	0.0%	0.0%	0.0%
	COL	1,561	4.9%	57.4%	57.5%	1.159	1.161	2.01957532	2.01957532	4.9%	0.0%	0.0%	0.0%	4.9%
	PIP	1,693	0.0%	59.6%	60.8%	1.213	1.238	2.03602257	2.03602257	0.0%	0.0%	0.0%	0.0%	0.0%
	UM	1,193	0.0%	59.6%	60.8%	1.450	1.500	2.43288591	2.46710526	1.4%	0.0%	0.0%	0.0%	1.4%
Misc	Hired Auto	64,060	0.0%							0.0%	0.0%	0.0%	0.0%	0.0%
	ENOL	41,891	0.0%							0.0%	0.0%	0.0%	41.0%	41.0%
	Total	620,486	2.5%							3.2%	0.1%	0.0%	2.8%	6.1%
Misc vehi	cle types and co	verages:		59.6%	60.8%	1.000	1.020	1.678	1.678					
Hired Aut	o Liability Cover	age:		59.6%	60.8%	1.720	1.750	2.886	2.878					

The Hartford Financial Services Group Commercial Auto
District of Columbia
Proposed Effective Date: 01/18/2020
Development of Indication

Veh Type/ Coverage	Fiscal Acci Yr Ending 7/31	W Prem on Pols in Force as of 10/31/2019	Trended Earned Premium at Present Rate & Price Level	Projected Ultimate Inc'd Loss & LAE	Projected Ultimate Loss & LAE Ratio	Prem Wtd 5-Year <u>L/R</u>	Prem Wtd 5-Year Indication	<u>K</u>	Cred	Countrywide <u>L&LAE/R</u>	Cred Wtd L&LAE <u>Ratio</u>	PL&LAE <u>Ratio</u>	Indicated Premium <u>Change</u>
TTT Liab	2019 2018 2017 2016 2015	180,958	242,302 253,923 348,296 403,723 596,021	94,068 153,279 140,601 204,425 421,496	38.8% 60.4% 40.4% 50.6% 70.7%	55.0%	-9.6%	31,000	2.0%	72.8%	72.46%	60.8%	19.2%
ттт отс	2019 2018 2017 2016 2015	11,691	11,505 13,168 16,632 19,559 27,766	68 0 0 0 3,190	0.6% 0.0% 0.0% 0.0% 11.5%	3.7%	-93.6%	25,000	3.1%	60.8%	59.00%	57.5%	2.6%
TTT COL	2019 2018 2017 2016 2015	30,742	31,703 36,441 46,207 54,644 81,195	15,926 2,159 21,713 19,826 63,781	50.2% 5.9% 47.0% 36.3% 78.6%	49.3%	-14.2%	12,000	6.3%	68.3%	67.06%	57.5%	16.6%
TTT UM	2019 2018 2017 2016 2015	15,434	20,448 21,698 29,675 34,759 49,759	7,796 8,798 12,796 15,941 24,268	38.1% 40.5% 43.1% 45.9% 48.8%	44.5%	-26.8%	31,000	1.9%	80.6%	79.95%	60.8%	31.5%
TTT Total		241,492	2,891,678	1,238,472	42.8%								18.4%
PPT Liab	2019 2018 2017 2016 2015	145,224	160,089 195,970 214,699 261,462 364,059	41,362 60,346 65,756 296,584 157,083	25.8% 30.8% 30.6% 113.4% 43.1%	51.9%	-14.6%	31,000	2.1%	73.3%	72.88%	60.8%	19.9%
PPT OTC	2019 2018 2017 2016 2015	22,777	24,938 31,786 33,103 40,200 52,840	204 19,517 14,905 40,034 39,465	0.8% 61.4% 45.0% 99.6% 74.7%	62.4%	8.5%	25,000	3.3%	81.2%	80.60%	57.5%	40.2%
PPT Coll	2019 2018 2017 2016 2015	59,142	59,679 75,928 78,966 98,481 132,826	28,652 19,517 20,782 39,915 80,361	48.0% 25.7% 26.3% 40.5% 60.5%	42.4%	-26.2%	12,000	6.6%	66.8%	65.18%	57.5%	13.4%
PPT UM	2019 2018 2017 2016 2015	20,694	23,386 29,273 33,613 41,078 56,493	8,916 11,869 14,495 20,527 27,553	38.1% 40.5% 43.1% 50.0% 48.8%	45.3%	-25.4%	31,000	2.1%	79.2%	78.48%	60.8%	29.1%
PPT Total		251,139	2,622,496	1,040,136	39.7%								20 F9/
		201,100	2,022,430	1,040,130	39.1 /0								20.5%

The Hartford Financial Services Group **Commercial Auto District of Columbia** Proposed Effective Date: 01/18/2020

Development of Adjusted Losses

	· · ·	,-x		(-)	(-)		(-)	(-)	()				()
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10) Projected	(11)	(12)	(13)	(14) Projected
		Fiscal			Incurred Losses with		Earned	Excess	Ultimate				Ult T/L Inc'd
		Acci Yr	Historic	Prospective	Indiv claims	Loss	Premium	Loss	Total Limit			Other	L&LAE at
Veh		Ending	Ann. Loss	Ann. Loss	Capped at 100K	Dev	at Manual	Premium	Incurred	Loss		Loss	Curr Cost
Type	Covg	<u>7/31</u>	Cost Trend	Cost Trend	Eval @ 10/31	Factor	Present Rates	<u>Factor</u>	Losses	Trend	LAE	<u>Adj</u>	Levels
		0040	0.007	0.007	47.044	4 470	#050.000	0.477	70.000	4 405	4 404	4 000	0.4.000
TTT	Liab	2019 2018	6.3%	6.3%	17,614 55,260	1.479 1.114	\$252,830 \$264,956	0.177 0.177	70,800 108,476	1.125 1.197	1.181 1.181	1.000 1.000	94,068 153,279
		2017			28,419	1.029	\$363,430	0.177	93,563	1.197	1.181	1.000	140,601
		2016			52,990	1.007	\$421,265	0.177	127,913	1.353	1.181	1.000	204,425
		2015			137,842	1.001	\$621,918	0.177	247,991	1.439	1.181	1.000	421,496
	OTC	2019	4.3%	4.3%	53	1.010	11,787	0.000	54	1.083	1.107	1.060	68
		2018			0	1.000	13,363	0.000	0	1.129	1.107	1.060	0
		2017 2016			0 0	1.000 1.000	16,718 19,473	0.000	0 0	1.178 1.228	1.107 1.107	1.060 1.060	0 0
		2015			2,123	1.000	27,382	0.000	2,123	1.280	1.107	1.060	3,190
		2010			2,120	1.000	27,002	0.000	2,120	1.200	1.107	1.000	0,100
	Coll	2019	6.7%	6.7%	13,287	0.956	32,221	0.000	12,698	1.133	1.107	1.000	15,926
		2018			1,626	0.992	36,531	0.000	1,613	1.209	1.107	1.000	2,159
		2017			15,253	0.997	45,690	0.000	15,201	1.290	1.107	1.000	21,713
		2016			13,030	0.998	53,295	0.000	13,006	1.377	1.107	1.000	19,826
		2015			39,249	0.999	78,112	0.000	39,208	1.469	1.107	1.000	63,781
	PIP	2019	6.3%	6.3%	12,500	1.706	79,764	0.000	21,330	1.125	1.181	1.000	28,340
		2018			0	1.298	80,830	0.000	0	1.197	1.181	1.000	0
		2017			0	1.109	103,782	0.000	0	1.273	1.181	1.000	0
		2016			0	1.026	123,949	0.000	0	1.353	1.181	1.000	0
		2015			0	1.031	187,927	0.000	0	1.439	1.181	1.000	0
	UM	2019	6.3%	6.3%	0	2.899	20,448	0.287	5,868	1.125	1.181	1.000	7,796
	Oivi	2018	0.070	0.070	Ö	1.562	21,698	0.287	6,226	1.197	1.181	1.000	8,798
		2017			0	1.185	29,675	0.287	8,515	1.273	1.181	1.000	12,796
		2016			0	1.073	34,759	0.287	9,974	1.353	1.181	1.000	15,941
		2015			0	1.031	49,759	0.287	14,278	1.439	1.181	1.000	24,268
PPT	Liab	2019	6.3%	6.3%	1,961	1.479	167,045	0.169	31,131	1.125	1.181	1.000	41,362
	LIAD	2018	0.570	0.570	7,313	1.114	204,486	0.169	42,707	1.123	1.181	1.000	60,346
		2017			5,732	1.029	224,028	0.169	43,757	1.273	1.181	1.000	65,756
		2016			138,533	1.007	272,823	0.169	185,578	1.353	1.181	1.000	296,584
		2015			28,208	1.001	379,878	0.169	92,422	1.439	1.181	1.000	157,083
	отс	2019	7.4%	7.4%	150	1.010	25,541	0.000	151	1.147	1.107	1.060	204
	OIC	2019	7.470	7.470	13,498	1.000	32,241	0.000	13,504	1.147	1.107	1.060	19,517
		2017			9,602	1.000	33,252	0.000	9,603	1.322	1.107	1.060	14,905
		2016			24,017	1.000	39,991	0.000	24,017	1.420	1.107	1.060	40,034
		2015			22,045	1.000	52,057	0.000	22,045	1.525	1.107	1.060	39,465
	Call	2010	E 00/	F 00/	24,270	0.050	64 570	0.000	22.404	1 110	1 107	1 000	20.650
	Coll	2019 2018	5.9%	5.9%	24,270 15,043	0.956 0.992	61,570 77,873	0.000 0.000	23,194 14,923	1.116 1.181	1.107 1.107	1.000 1.000	28,652 19,517
		2018			15,043	0.992	77,873 80,511	0.000	15,008	1.181	1.107	1.000	20,782
		2016			27,275	0.998	99,816	0.000	27,226	1.324	1.107	1.000	39,915
		2015			51,826	0.999	133,834	0.000	51,772	1.402	1.107	1.000	80,361
	5 /-				_				_				-
	PIP	2019	6.3%	6.3%	0	1.706	85,269	0.000	0	1.125	1.181	1.000	0
		2018 2017			0 3,150	1.298 1.109	106,637 116,672	0.000 0.000	3 403 0	1.197 1.273	1.181 1.181	1.000 1.000	0 5,249
		2017			16,500	1.026	138,090	0.000	3,493 16,922	1.353	1.181	1.000	5,249 27,045
		2015			0	1.020	193,621	0.000	0	1.439	1.181	1.000	0
													-
	UM	2019	6.3%	6.3%	0	2.899	23,386	0.287	6,711	1.125	1.181	1.000	8,916
		2018			0	1.562	29,273	0.287	8,400	1.197	1.181	1.000	11,869
		2017 2016			0 985	1.185 1.073	33,613 41,078	0.287 0.287	9,645	1.273 1.353	1.181 1.181	1.000 1.000	14,495 20,527
		2015			965	1.073	56,493	0.287	12,844 16,211	1.439	1.181	1.000	20,527
		2010			J	1.501	55,455	0.207	10,211	1. 700	1.101	1.500	21,500

⁽¹⁾ Column 10 = $[(6)^*(7)+(8)^*(9)]$ (2) Column 11 = $[1+(4)]^*(t1)$

⁽³⁾ Column 13 - Other loss adjustment is for expected OTC catastrophes
(4) Column 14 = [(10)*(11)*(12)*(13)]

⁽t1) = The time from average accident date to one year from the effective date

The Hartford Financial Services Group Commercial Auto District of Columbia Proposed Effective Date: 01/18/2020

Proposed Effective Date: 01/18/2020 Development Of Adjusted Premiums

Veh Type	Coverage	Projected Annual Premium Trend	Year	Earned Premium	Earned Premium at Present Manual Rate Level	Trend <u>Adi</u>	Pricing Adj	Trended Earned Premium at Present Rate & Price level
TTT	Liability	0.0%	2019 2018 2017 2016 2015	220,129 227,986 331,738 367,124 472,450	252,830 264,956 363,430 421,265 621,918	1.000 1.000 1.000 1.000 1.000	0.958 0.958 0.958 0.958 0.958	242,302 253,923 348,296 403,723 596,021
	ОТС	1.0%	2019 2018 2017 2016 2015	12,161 13,481 18,168 20,826 26,488	11,787 13,363 16,718 19,473 27,382	1.018 1.028 1.038 1.048 1.058	0.958 0.958 0.958 0.958 0.958	11,505 13,168 16,632 19,559 27,766
	Collision	1.4%	2019 2018 2017 2016 2015	31,112 34,288 46,963 52,957 68,309	32,221 36,531 45,690 53,295 78,112	1.027 1.041 1.055 1.070 1.085	0.958 0.958 0.958 0.958 0.958	31,703 36,441 46,207 54,644 81,195
	PIP	0.0%	2019 2018 2017 2016 2015	95,464 102,718 135,503 157,415 227,582	79,764 80,830 103,782 123,949 187,927	1.000 1.000 1.000 1.000 1.000	0.958 0.958 0.958 0.958 0.958	76,442 77,464 99,460 118,787 180,101
	UM	0.0%	2019 2018 2017 2016 2015	17,286 17,770 24,275 28,136 39,791	20,448 21,698 29,675 34,759 49,759	1.000 1.000 1.000 1.000 1.000	1.000 1.000 1.000 1.000 1.000	20,448 21,698 29,675 34,759 49,759
PPT	Liability	0.0%	2019 2018 2017 2016 2015	147,187 166,696 183,677 202,051 258,492	167,045 204,486 224,028 272,823 379,878	1.000 1.000 1.000 1.000 1.000	0.958 0.958 0.958 0.958 0.958	160,089 195,970 214,699 261,462 364,059
	отс	1.0%	2019 2018 2017 2016 2015	19,830 22,971 24,127 28,084 33,394	25,541 32,241 33,252 39,991 52,057	1.019 1.029 1.039 1.049 1.059	0.958 0.958 0.958 0.958 0.958	24,938 31,786 33,103 40,200 52,840
	Collision	0.6%	2019 2018 2017 2016 2015	58,233 65,931 68,054 74,834 92,277	61,570 77,873 80,511 99,816 133,834	1.011 1.017 1.023 1.029 1.036	0.958 0.958 0.958 0.958 0.958	59,679 75,928 78,966 98,481 132,826
	PIP	0.0%	2019 2018 2017 2016 2015	96,100 123,781 135,741 161,048 224,015	85,269 106,637 116,672 138,090 193,621	1.000 1.000 1.000 1.000 1.000	0.958 0.958 0.958 0.958 0.958	81,718 102,196 111,814 132,340 185,559
	UM	0.0%	2019 2018 2017 2016 2015	19,855 23,978 27,488 33,267 45,235	23,386 29,273 33,613 41,078 56,493	1.000 1.000 1.000 1.000 1.000	1.000 1.000 1.000 1.000 1.000	23,386 29,273 33,613 41,078 56,493

The Hartford Financial Services Group Commercial Auto District of Columbia

Proposed Effective Date: 01/18/2020

Permissible Loss & Loss Adjustment Expense Ratio

	Liability/UM	OTC	Collision
<u>Expense</u>			
Commissions	16.3%	16.3%	16.3%
Other Underwriting Expenses	18.7%	18.7%	18.7%
Taxes, Licenses and Fee	1.7%	1.7%	1.7%
Profit & Contingencies (including Investment Income)	2.5%	5.8%	5.8%
Total Expense & Profit	39.2%	42.5%	42.5%
Permissible Loss & LAE Ratio	60.8%	57.5%	57.5%

The Hartford Financial Services Group Commercial Auto District of Columbia Proposed Effective Date: 01/18/2020 Underwriting Expense Assumptions Exhibit 3
Sheet 2

Direct Written Premium (\$000) Commissions (\$000) Other UW Expense (\$000) Taxes Licenses and Fees

Countrywide

Actual	Actual	Actual	Actual	Actual
2014	2015	2016	2017	2018
498,923	521,400	527,539	465,903	475,566
82,830	89,833	87,031	75,739	77,017
92,021	89,228	90,366	92,561	90,382
12,623	13,089	13,495	10,888	11,841

Commission as % of Direct WP OUE as % of Direct WP

erage	3-Year Average					
(18) Sel	(2016-2018)					
16 .	16.3%	16.2%	16.3%	16.5%	17.2%	16.6%
18 .	18.7%	19.0%	19.9%	17.1%	17.1%	18.4%

Source: Internal Hartford Expense Management Reports

The Hartford Financial Services Group	Exhibit 4
Commercial Auto	Sheet 1
District of Columbia	

Proposed Effective Date: 01/18/2020 Calculation of Total Rate of Return: Liability

Accident Effective Period: January 1, 2019 through December 31, 2019

Expected Loss & LAE Expected Expenses Total Loss, LAE & Expenses Expected Underwriting Profit Assumptions	\$100,000 \$60,834 \$36,700 \$97,534 \$2,466	60.8% 36.7% 97.5% 2.5%
Expected Expenses Total Loss, LAE & Expenses Expected Underwriting Profit	\$36,700 \$97,534	97.5% 2.5%
Expected Underwriting Profit		2.5%
•	\$2,466	
Assumptions		0.50
		0.50
Timing of Accounting Entry		II KII
Average Lage % LAE Inquired Lag (Years)		
Average Expanse Incurral Lag (Years)		0.50
Average Expense Incurral Lag (Years)		0.50
Timing of Cash Flows		0.04
Average Logo & LAE Doyment Log (Years)		0.91
Average Loss & LAE Payment Lag (Years) Average Expense Payment Lag (Years)		2.69 0.81
Average Expense Fayment Lag (Teals)		0.61
Investment and Tax		
Investment Rate Before-tax		2.78%
Tax Loss Discount Rate		3.57%
Net Cost of Debt (Debt Cost less Investment Income	e)	2.45%
Federal Income Tax Rate - Underwriting	•	21.0%
Federal Income Tax Rate - Investment		21.0%
Leverage and Surplus		
Premium To Surplus Ratio		3.30
Liability To Surplus Ratio		3.11
Liability 10 Carpide Ratio		0.11
Results	Before-Tax	After-Tax
Underwriting Income (Profit)	\$2,466	\$1,948
Investment Income Credit (Operating)	\$2,619	\$2,069
Total Operating Income	ФE 000	
Total Operating Income Operating Return On Premium	\$5,086 5.1%	\$4,018 4.0%
Operating Neturn On Fremium	3.176	4.076
Surplus		
Surplus Attributed	\$30,340	\$30,340
Investment Income On Surplus	\$845	\$668
Servicing Cost of Debt		-\$134
Total Net Income	\$5,931	\$4,551
Expected Return on Surplus		15.0%

The Hartford Financial Services Group	Exhibit 4
Commercial Auto	Sheet 2
District of Columbia	
Proposed Effective Date: 01/18/2020	

Calculation of Total Rate of Return: Physical Damage Coverages Accident Effective Period: January 1, 2019 through December 31, 2019

<u>Financials</u> Earned Premium	Before-Tax \$100,000	Premium %
Expected Loss & LAE	\$57,516	57.5%
Expected Expenses	\$36,700	36.7%
Total Loss, LAE & Expenses	\$94,216	94.2%
Expected Underwriting Profit	\$5,784	5.8%
Assumptions		
Timing of Accounting Entry		
Average Earning Lag (Years)		0.50
Average Loss & LAE Incurral Lag (Years)		0.50
Average Expense Incurral Lag (Years)		0.50
Timing of Cash Flows		
Average Premium Payment Lag (Years)		0.91
Average Loss & LAE Payment Lag (Years)		0.70
Average Expense Payment Lag (Years)		0.81
Investment and Tay		
Investment and Tax Investment Rate Before-tax		2.73%
Tax Loss Discount Rate		3.57%
Net Cost of Debt (Debt Cost less Investment Inco	ome)	2.45%
Federal Income Tax Rate - Underwriting	55)	21.0%
Federal Income Tax Rate - Investment		21.0%
Leverage and Surplus		
Premium To Surplus Ratio		3.21
Liability To Surplus Ratio		(0.56)
Results	Before-Tax	After-Tax
Underwriting Income (Profit)	\$5,784	\$4,569
Investment Income Credit (Operating)	-\$548	-\$433
invocation moonie creat (operating)	φοιο	Ψίου
Total Operating Income	\$5,236	\$4,136
Operating Return On Premium	5.2%	4.1%
Surplus	•	
Surplus Attributed	\$31,118	\$31,118
Investment Income On Surplus	\$847	\$669
Servicing Cost of Debt		-\$138
Total Net Income	\$6,083	\$4,668
		ψ .,σ σσ
Expected Return on Surplus		15.0%

The Hartford Financial Services Group Commercial Auto District of Columbia

Proposed Effective Date: 01/18/2020 Loss Adjustment Expense Assumptions

Liability

<u>Year</u>	Inc Loss	Inc ALAE	Inc ULAE	<u>LAE</u>	ALAE as a % of Inc Loss	ULAE as a % of Inc Loss	LAE as a % of Inc Loss
2014	287,002	37,341	28,255	65,596	13.0%	9.8%	22.9%
2015	311,897	29,393	26,849	56,242	9.4%	8.6%	18.0%
2016	377,630	33,903	24,241	58,144	9.0%	6.4%	15.4%
2017	359,439	29,129	28,006	57,135	8.1%	7.8%	15.9%
2018	298,990	31,287	27,158	58,445	10.5%	9.1%	19.5%
Total	1,634,958	161,053	134,509	295,562	9.9%	8.2%	18.1%
						Selected:	18.1%
			Physic	ral Damage			

Physical Damage

						Selected:	10.7%
Total	396,137	4,122	38,367	42,489	1.0%	9.7%	10.7%
2018	69,645	1,651	5,488	7,139	2.4%	7.9%	10.3%
2017	89,339	1,595	8,198	9,793	1.8%	9.2%	11.0%
2016	84,678	138	8,430	8,568	0.2%	10.0%	10.1%
2015	73,283	189	7,971	8,160	0.3%	10.9%	11.1%
2014	79,192	549	8,280	8,829	0.7%	10.5%	11.1%
<u>Year</u>	Inc Loss	Inc ALAE	Inc ULAE	<u>LAE</u>	ALAE as a % of Inc Loss	ULAE as a % of Inc Loss	LAE as a % of Inc Loss

Source: Insurance expense exhibit

ISO - Commercial Auto BI Trend Multistate **Accident Year Incurred**

Property Damage

20 Points

0.8%

ISO LIA TREND

Bodily	Injury	

Time		Ultimate	Yearly		Yearly	Yearly
	Accident	Frequency	Change		Change	Change
	Year	per 100	in	Total Limits	in	in
	Ending	Exposures	Frequency	Severity	Severity	Loss Costs
1	06/30/12	0.8053		49,540		
2	09/30/12	0.7964		49,674		l
3	12/31/12	0.7911		50,990		
4	03/31/13	0.7848		52,380		
5	06/30/13	0.7912	-1.8%	53,690	8.4%	6.5%
6	09/30/13	0.8012	0.6%	54,565	9.8%	10.5%
7	12/31/13	0.8016	1.3%	54,020	5.9%	7.4%
8	03/31/14	0.8103	3.2%	53,474	2.1%	5.4%
9	06/30/14	0.8023	1.4%	53,621	-0.1%	1.3%
10	09/30/14	0.7960	-0.6%	54,916	0.6%	0.0%
11	12/31/14	0.8009	-0.1%	55,450	2.6%	2.6%
12	03/31/15	0.7928	-2.2%	55,776	4.3%	2.1%
13	06/30/15	0.7974	-0.6%	56,715	5.8%	5.1%
14	09/30/15	0.8037	1.0%	58,270	6.1%	7.1%
15	12/31/15	0.8119	1.4%	59,030	6.5%	7.9%
16	03/31/16	0.8232	3.8%	59,650	6.9%	11.0%
17	06/30/16	0.8334	4.5%	60,692	7.0%	11.8%
18	09/30/16	0.8443	5.1%	61,460	5.5%	10.8%
19	12/31/16	0.8431	3.8%	62,875	6.5%	10.6%
20	03/31/17	0.8452	2.7%	64,042	7.4%	10.2%
21	06/30/17	0.8488	1.8%	64,397	6.1%	8.1%
22	09/30/17	0.8384	-0.7%	63,275	3.0%	2.2%
23	12/31/17	0.8377	-0.6%	63,157	0.4%	-0.2%
24	03/31/18	0.8395	-0.7%	64.504	0.7%	0.0%

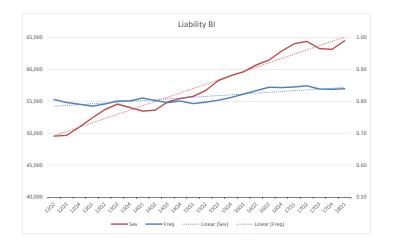
Ultimate	Yearly		Yearly	Yearly
Frequency	Change		Change	Change
per 100	in	Total Limits	in	in
Exposures	Frequency	Severity	Severity	Loss Costs
2.8985		3,755		
2.8688		3,770		
2.8493		3,838		
2.8702		3,838		
2.8932	-0.2%	3,870	3.1%	2.9%
2.9248	2.0%	3,904	3.6%	5.6%
2.9440	3.3%	3,913	1.9%	5.3%
3.0257	5.4%	3,936	2.6%	8.1%
3.0251	4.6%	3,983	2.9%	7.6%
3.0249	3.4%	4,048	3.7%	7.2%
3.0198	2.6%	4,109	5.0%	7.7%
2.9837	-1.4%	4,181	6.2%	4.7%
2.9885	-1.2%	4,246	6.6%	5.3%
3.0166	-0.3%	4,297	6.1%	5.8%
3.0350	0.5%	4,346	5.8%	6.3%
3.0137	1.0%	4,394	5.1%	6.1%
3.0258	1.2%	4,468	5.2%	6.5%
3.0357	0.6%	4,516	5.1%	5.8%
3.0306	-0.1%	4,556	4.8%	4.7%
3.0097	-0.1%	4,623	5.2%	5.1%
2.9967	-1.0%	4,665	4.4%	3.4%
2.9489	-2.9%	4,685	3.8%	0.8%
2.9314	-3.3%	4,727	3.8%	0.4%
2.9243	-2.8%	4,771	3.2%	0.3%

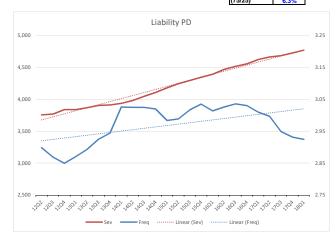
Fit		Frequency	Severity	Total
24 Points	12Q2 to 18Q1	1.3%	4.8%	6.1%
20 Points	12Q4 to 17Q3	1.6%	4.9%	6.6%
	13Q1 to 17Q4	1.6%	4.7%	6.4%
	13Q2 to 18Q1	1.5%	4.7%	6.3%
16 Points	13Q4 to 17Q3	1.8%	5.6%	7.5%
	14Q1 to 17Q4	1.8%	5.5%	7.4%
	14Q2 to 18Q1	1.9%	5.3%	7.3%
12 Points	14Q4 to 17Q3	2.7%	5.9%	8.8%
	15Q1 to 17Q4	2.4%	5.2%	7.8%
	15Q2 to 18Q1	1.9%	4.6%	6.6%
8 Points	15Q4 to 17Q3	2.0%	5.1%	7.3%
	16Q1 to 17Q4	0.8%	3.7%	4.6%
	16Q2 to 18Q1	0.0%	2.8%	2.8%
4 Points	16Q4 to 17Q3	-0.5%	1.0%	0.5%
	17Q1 to 17Q4	-1.6%	-2.3%	-3.9%
	17Q2 to 18Q1	-1.3%	0.1%	-1.2%

	Frequency	Severity	Total
24 Points	0.6%	4.6%	5.2%
20 Points	0.8%	4.8%	5.7%
	0.4%	4.9%	5.4%
	0.1%	4.9%	5.0%
16 Points	0.0%	5.3%	5.3%
	-0.4%	5.1%	4.7%
	-0.6%	4.9%	4.3%
12 Points	-0.2%	4.9%	4.7%
	-0.5%	4.6%	4.1%
	-1.0%	4.4%	3.3%
8 Points	-1.2%	4.6%	3.3%
	-1.7%	4.2%	2.4%
	-2.4%	3.8%	1.3%
4 Points	-3.4%	3.8%	0.3%
	-3.7%	2.9%	-1.0%
	-3.1%	3.1%	-0.1%

Selected:	20 Points	12Q4 to 17Q3	1.6%	4.9%	6.6%







Commercial Auto

District of Columbia ISO - Commercial Auto Other Than Collision Trend

Proposed Effective Date: 01/18/2020 Multistate
ISO OTC TREND Calendar Year Paid

TRUCKS, TRACTORS, AND TRAILERS

Time		Ultimate	Yearly		Yearly	Yearly
		Frequency	Change	\$500	Change	Change
	Year	per 100	in	Deductible	in	in
	Ending	Exposures	Frequency	Severity	Severity	Loss Costs
1	06/30/2013	1.4422		4,851		
2	12/31/2013	1.4153		4,839		
3	06/30/2014	1.4119	-2.1%	5,035	3.8%	1.6%
4	12/31/2014	1.3715	-3.1%	5,248	8.4%	5.1%
5	06/30/2015	1.3544	-4.1%	5,392	7.1%	2.7%
6	12/31/2015	1.3517	-1.4%	5,666	8.0%	6.4%
7	06/30/2016	1.3469	-0.6%	5,808	7.7%	7.1%
8	12/31/2016	1.3499	-0.1%	5,853	3.3%	3.2%
9	06/30/2017	1.3541	0.5%	6,215	7.0%	7.6%
10	12/31/2017	1.3765	2.0%	6,552	11.9%	14.2%

		Frequency	Severity	Total
10 Points	13Q2 to 17Q4	-1.2%	7.0%	5.7%
8 Points	13Q2 to 16Q4	-2.0%	6.4%	4.3%
	13Q4 to 17Q2	-1.4%	7.0%	5.5%
	14Q2 to 17Q4	-0.6%	7.3%	
4 Points	15Q2 to 16Q4	-0.3%	5.6%	5.3%
	15Q4 to 17Q2	0.1%	5.9%	6.0%
	16Q2 to 17Q4	1.4%	8.8%	10.3%

Selected: 8 Points 13Q2 to 16Q4 -2.0% 6.4% 4.3%

PRIVATE PASSENGER TYPES

Time		Ultimate	Yearly		Yearly	Yearly
		Frequency	Change	\$500	Change	Change
	Year	per 100	in	Deductible	in	in
	Ending	Exposures	Frequency	Severity	Severity	Loss Costs
1	06/30/2013	3.1035		1,902		
2	12/31/2013	3.1035		1,914		
3	06/30/2014	3.2260	3.9%	1,965	3.3%	7.4%
4	12/31/2014	3.1967	3.0%	2,056	7.4%	10.7%
5	06/30/2015	3.0840	-4.4%	2,123	8.0%	3.3%
6	12/31/2015	3.1549	-1.3%	2,244	9.1%	7.7%
7	06/30/2016	3.2030	3.9%	2,347	10.5%	14.8%
8	12/31/2016	3.1035	-1.6%	2,354	4.9%	3.2%
9	06/30/2017	3.0051	-6.2%	2,400	2.2%	-4.1%
10	12/31/2017	2.9925	-3.6%	2,575	9.4%	5.5%

		Frequency	Severity	Total
10 Points	13Q2 to 17Q4	-0.9%	7.1%	6.2%
8 Points	13Q2 to 16Q4	0.1%	7.3%	7.4%
	13Q4 to 17Q2	-0.9%	7.2%	6.3%
	14Q2 to 17Q4	-1.9%	7.5%	5.4%
4 Points	15Q2 to 16Q4	0.7%	7.3%	8.1%
	15Q4 to 17Q2	-3.5%	4.2%	0.5%
	16Q2 to 17Q4	-4.6%	6.1%	1.2%

Selected: 8	Points	13Q2 to 16Q4	0.1%	7.3%	7.4%
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District of Columbia Proposed Effective Date: 01/18/2020 ISO - Commercial Auto Collision Trend
Multistate
Calendar Year Paid

ISO COL TREND

TRUCKS, TRACTORS, AND TRAILERS

Ī	Time		Ultimate	Yearly		Yearly	Yearly
			Frequency	Change	\$500	Change	Change
		Year	per 100	in	Deductible	in	in
		Ending	Exposures	Frequency	Severity	Severity	Loss Costs
Ī	1	06/30/2013	2.2440		7,665		
	2	12/31/2013	2.2362		7,856		
	3	06/30/2014	2.2971	2.4%	8,040	4.9%	7.4%
	4	12/31/2014	2.2800	2.0%	8,346	6.2%	8.3%
	5	06/30/2015	2.2504	-2.0%	8,628	7.3%	5.1%
	6	12/31/2015	2.2734	-0.3%	8,757	4.9%	4.6%
	7	06/30/2016	2.2563	0.3%	9,124	5.7%	6.0%
	8	12/31/2016	2.3489	3.3%	9,326	6.5%	10.0%
	9	06/30/2017	2.3681	5.0%	9,380	2.8%	7.9%
	10	12/31/2017	2.2975	-2.2%	9,888	6.0%	3.7%

		Frequency	Severity	Total
10 Points	13Q2 to 17Q4	0.9%	5.7%	6.6%
8 Points	13Q2 to 16Q4	0.8%	5.9%	6.7%
	13Q4 to 17Q2	1.2%	5.5%	6.8%
	14Q2 to 17Q4	0.7%	5.6%	6.4%
4 Points	15Q2 to 16Q4	2.4%	5.6%	8.2%
	15Q4 to 17Q2	3.3%	4.7%	8.1%
	16Q2 to 17Q4	1.3%	5.1%	6.4%

Selected: 8 Points 13Q2 to 16Q4 0.8% 5.9% 6.7%

PRIVATE PASSENGER TYPES

Time		Ultimate	Yearly		Yearly	Yearly
		Frequency	Change	\$500	Change	Change
	Year	per 100	in	Deductible	in	in
	Ending	Exposures	Frequency	Severity	Severity	Loss Costs
1	06/30/2013	5.0940		4,986		
2	12/31/2013	5.0944		5,038		
3	06/30/2014	5.2539	3.1%	5,157	3.4%	6.7%
4	12/31/2014	5.2844	3.7%	5,376	6.7%	10.7%
5	06/30/2015	5.2453	-0.2%	5,510	6.8%	6.7%
6	12/31/2015	5.2610	-0.4%	5,619	4.5%	4.1%
7	06/30/2016	5.1502	-1.8%	5,767	4.7%	2.8%
8	12/31/2016	5.2059	-1.0%	5,949	5.9%	4.8%
9	06/30/2017	5.2088	1.1%	5,978	3.7%	4.8%
10	12/31/2017	5.1562	-1.0%	6,230	4.7%	3.7%

		Frequency	Severity	Total
10 Points	13Q2 to 17Q4	0.2%	5.2%	5.3%
8 Points	13Q2 to 16Q4	0.5%	5.4%	5.9%
	13Q4 to 17Q2	0.1%	5.2%	5.3%
	14Q2 to 17Q4	-0.6%	5.2%	4.5%
4 Points	15Q2 to 16Q4	-0.9%	5.3%	4.3%
	15Q4 to 17Q2	-0.4%	4.4%	4.0%
	16Q2 to 17Q4	0.1%	4.8%	4.9%

Selected: 8 Points 13Q2 to 16Q4 0.5% 5.4% 5.9%

Expected Trend in Original Cost New

TRUCKS, TRACTORS, AND TRAILERS

Year Ended	OTHER THAN COLLISION	COLLISION
06/30/2013	1.224	1.359
12/31/2013	1.230	1.368
06/30/2014	1.237	1.377
12/31/2014	1.242	1.385
06/30/2015	1.248	1.394
12/31/2015	1.254	1.402
06/30/2016	1.260	1.413
12/31/2016	1.266	1.424
06/30/2017	1.272	1.435
12/31/2017	1.278	1.447
Average Annual Change 10 PT:	1.0%	1.4%
Coefficient of Determination R2:	1.000	0.997
Selected:	1.0%	1.4%

PRIVATE PASSENGER TYPES

Year Ended	OTHER THAN COLLISION	COLLISION
06/30/2013	1.304	1.150
12/31/2013	1.309	1.153
06/30/2014	1.314	1.155
12/31/2014	1.320	1.158
06/30/2015	1.325	1.161
12/31/2015	1.332	1.165
06/30/2016	1.340	1.170
12/31/2016	1.347	1.173
06/30/2017	1.355	1.177
12/31/2017	1.361	1.180
Average Annual Change 10 PT:	1.0%	0.6%
Coefficient of Determination R2:	0.994	0.992
Selected:	1.0%	0.6%

Source:

Insurance Services Office Comm Auto Trend Data and Analysis Multistate (All states except Hawaii and Massachusetts)

The Hartford Financial Services Group

Commercial Auto

District of Columbia

Proposed Effective Date: 01/18/2020

Loss Development: Countrywide Liability (in thousands)

Capped at \$100,000

ACC	@ 15	@ 27	@ 39	@ 51	@ 63	@ 75	@ 87	@ 99	@ 111	@ 123	@ 135	@ 147
<u>Year</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	Months	Months	Months	Months	Months	<u>Months</u>	Months	Months
2007	126,058	156,737	172,515	176,882	177,960	177,369	177,422	177,373	177,373	177,375	177,306	177,328
2008	114,069	143,534	154,460	156,783	156,906	157,084	157,336	157,029	157,075	157,076	157,038	
2009	103,481	132,096	142,247	145,968	147,729	147,118	147,291	147,254	147,468	147,439		
2010	104,365	129,905	145,228	150,390	148,638	148,528	148,688	148,501	148,513			
2011	107,531	144,326	161,343	159,567	159,969	160,291	160,306	160,342				
2012	112,561	153,198	161,622	164,605	165,724	166,349	166,443					
2013	104,022	129,967	139,922	144,375	145,743	145,627						
2014	94,001	123,621	135,440	138,172	139,854							
2015	93,739	125,952	135,862	139,505								
2016	93,198	123,260	134,897									
2017	78,968	106,816										
2018	69,978											
ACC												
<u>Year</u>	<u>15-27</u>	<u>27-39</u>	<u>39-51</u>	<u>51-63</u>	<u>63-75</u>	<u>75-87</u>	<u>87-99</u>	<u>99-111</u>	111-123	<u>123-135</u>	<u>135-147</u>	
2007	1.243	1.101	1.025	1.006	0.997	1.000	1.000	1.000	1.000	1.000	1.000	
2008	1.258	1.076	1.015	1.001	1.001	1.002	0.998	1.000	1.000	1.000		
2009	1.277	1.077	1.026	1.012	0.996	1.001	1.000	1.001	1.000			
2010	1.245	1.118	1.036	0.988	0.999	1.001	0.999	1.000				
2011	1.342	1.118	0.989	1.003	1.002	1.000	1.000					
2012	1.361	1.055	1.018	1.007	1.004	1.001						
2013	1.249	1.077	1.032	1.009	0.999							
2014	1.315	1.096	1.020	1.012								
2015	1.344	1.079	1.027									
2016	1.323	1.094										
2017	1.353											
All pt	1.301	1.089	1.021	1.005	1.000	1.001	0.999	1.000	1.000	1.000	1.000	
5 Yr Avg	1.317	1.080	1.017	1.004	1.000	1.001	0.999					
5 Yr Ex-Hi Lo	1.327	1.083	1.022	1.006	1.000	1.001	0.999					
Selected	1.327	1.083	1.022	1.006	1.000	1.001	0.999	1.000				
Age to Ult	1.479	1.114	1.029	1.007	1.001	1.000	0.999	1.000				

The Hartford Financial Services Group Commercial Auto

District of Columbia

Proposed Effective Date: 01/18/2020

Loss Development: Countrywide OTC (in thousands)

ACC	@ 15	@ 27	@ 39	@ 51	@ 63	@ 75	@ 87	@ 99	@ 111	@ 123	@ 135	@ 147
<u>Year</u>	<u>Months</u>	Months	Months	<u>Months</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	Months	<u>Months</u>	<u>Months</u>	<u>Months</u>
2007	18,882	18,983	18,932	18,917	18,917	18,915	18,915	18,915	18,915	18,920	18,920	18,920
2008	20,253	20,370	20,413	20,413	20,408	20,398	20,384	20,384	20,384	20,387	20,387	
2009	16,576	16,744	16,728	16,698	16,691	16,691	16,691	16,691	16,691	16,691		
2010	15,609	15,745	15,742	15,756	15,756	15,737	15,737	15,737	15,737			
2011	18,028	17,967	18,004	18,004	17,987	17,988	17,984	17,984				
2012	18,346	18,275	18,274	18,274	18,285	18,292	18,292					
2013	15,439	15,569	15,670	15,675	15,675	15,677						
2014	16,276	16,516	16,529	16,510	16,510							
2015	15,755	15,902	15,909	15,913								
2016	15,820	15,986	15,966									
2017	15,445	15,542										
2018	12,055											
ACC												
<u>Year</u>	<u>15-27</u>	<u>27-39</u>	<u>39-51</u>	<u>51-63</u>	<u>63-75</u>	<u>75-87</u>	<u>87-99</u>	<u>99-111</u>	<u>111-123</u>	<u>123-135</u>	135-147	
2007	1.005	0.997	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
2008	1.006	1.002	1.000	1.000	1.000	0.999	1.000	1.000	1.000	1.000		
2009	1.010	0.999	0.998	1.000	1.000	1.000	1.000	1.000	1.000			
2010	1.009	1.000	1.001	1.000	0.999	1.000	1.000	1.000				
2011	0.997	1.002	1.000	0.999	1.000	1.000	1.000					
2012	0.996	1.000	1.000	1.001	1.000	1.000						
2013	1.008	1.006	1.000	1.000	1.000							
2014	1.015	1.001	0.999	1.000								
2015	1.009	1.000	1.000									
2016	1.010	0.999										
2017	1.006											
All pt	1.007	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
5 Yr Avg	1.010	1.001	1.000	1.000	1.000	1.000	1.000					
5 Yr Ex-Hi Lo	1.009	1.000	1.000	1.000	1.000	1.000	1.000					
Selected	1.009	1.000	1.000	1.000	1.000	1.000	1.000	1.000				
Age to Ult	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000				

The Hartford Financial Services Group Commercial Auto

District of Columbia

Proposed Effective Date: 01/18/2020

Loss Development: Countrywide Collision (in thousands)

ACC	@ 15	@ 27	@ 39	@ 51	@ 63	@ 75	@ 87	@ 99	@ 111	@ 123	@ 135	@ 147
<u>Year</u>	<u>Months</u>	<u>Months</u>	Months	<u>Months</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	Months	Months	<u>Months</u>	Months
2007	74,615	69,911	69,559	69,412	69,400	69,398	69,390	69,389	69,386	69,384	69,383	69,382
2008	68,770	65,762	65,325	65,276	65,241	65,226	65,174	65,162	65,153	65,152	65,184	
2009	58,218	55,792	55,678	55,608	55,597	55,589	55,574	55,569	55,566	55,578		
2010	56,928	54,598	54,214	54,050	54,011	53,935	53,923	53,867	53,866			
2011	59,916	57,425	56,886	56,773	56,660	56,656	56,654	56,594				
2012	58,890	56,626	56,299	56,163	56,134	56,119	56,079					
2013	56,076	54,029	53,697	53,667	53,630	53,618						
2014	56,896	54,875	54,762	54,671	54,623							
2015	59,583	57,394	57,247	57,183								
2016	58,483	56,338	56,029									
2017	54,371	52,053										
2018	50,452											
ACC												
<u>Year</u>	<u>15-27</u>	<u>27-39</u>	<u>39-51</u>	<u>51-63</u>	<u>63-75</u>	<u>75-87</u>	<u>87-99</u>	<u>99-111</u>	<u>111-123</u>	<u>123-135</u>	<u>135-147</u>	
2007	0.937	0.995	0.998	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
2008	0.956	0.993	0.999	0.999	1.000	0.999	1.000	1.000	1.000	1.000		
2009	0.958	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000			
2010	0.959	0.993	0.997	0.999	0.999	1.000	0.999	1.000				
2011	0.958	0.991	0.998	0.998	1.000	1.000	0.999					
2012	0.962	0.994	0.998	0.999	1.000	0.999						
2013	0.963	0.994	0.999	0.999	1.000							
2014	0.964	0.998	0.998	0.999								
2015	0.963	0.997	0.999									
2016	0.963	0.995										
2017	0.957											
All pt	0.958	0.995	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
5 Yr Avg	0.962	0.996	0.998	0.999	1.000	1.000	1.000					
5 Yr Ex-Hi Lo	0.963	0.995	0.998	0.999	1.000	1.000	1.000					
Selected	0.963	0.995	0.998	0.999	1.000	1.000	1.000	1.000				
Age to Ult	0.956	0.992	0.997	0.998	0.999	0.999	1.000	1.000				

@ **147**<u>Months</u>
15,443

Commercial Auto

District of Columbia

Proposed Effective Date: 01/18/2020

Loss Development: Countrywide Uninsured Motorists (in thousands)

Capped at \$100,000

ACC	@ 15	@ 27	@ 39	@ 51	@ 63	@ 75	@ 87	@ 99	@ 111	@ 123	@ 135	
<u>Year</u>	<u>Months</u>	<u>Months</u>	Months	<u>Months</u>	<u>Months</u>	<u>Months</u>	Months	<u>Months</u>	Months	<u>Months</u>	Months	
2007	4,418	8,947	12,998	14,415	15,125	15,243	15,418	15,423	15,418	15,418	15,443	
2008	3,634	8,339	11,327	11,801	12,537	12,429	12,492	12,580	12,563	12,512	12,512	
2009	3,366	6,510	8,148	9,174	9,551	9,883	9,960	9,960	9,960	9,960		
2010	3,633	6,012	8,217	9,789	10,440	10,677	10,826	10,898	10,986			
2011	4,661	9,943	11,541	12,872	13,228	13,344	13,442	13,431				
2012	4,280	7,581	9,229	10,084	10,151	10,574	10,584					
2013	4,547	7,471	8,979	10,235	10,701	10,760						
2014	3,529	6,588	9,462	10,304	10,785							
2015	3,459	7,833	10,676	11,818								
2016	3,913	6,608	9,074									
2017	3,654	7,353										
2018	2,855											
ACC												
<u>Year</u>	<u>15-27</u>	<u>27-39</u>	<u>39-51</u>	<u>51-63</u>	<u>63-75</u>	<u>75-87</u>	<u>87-99</u>	<u>99-111</u>	<u>111-123</u>	<u>123-135</u>	<u>135-147</u>	
2007	2.025	1.453	1.109	1.049	1.008	1.011	1.000	1.000	1.000	1.002	1.000	
2008	2.295	1.358	1.042	1.062	0.991	1.005	1.007	0.999	0.996	1.000		
2009	1.934	1.252	1.126	1.041	1.035	1.008	1.000	1.000	1.000			
2010	1.655	1.367	1.191	1.067	1.023	1.014	1.007	1.008				
2011	2.133	1.161	1.115	1.028	1.009	1.007	0.999					
2012	1.771	1.217	1.093	1.007	1.042	1.001						
2013	1.643	1.202	1.140	1.046	1.006							
2014	1.867	1.436	1.089	1.047								
2015	2.265	1.363	1.107									
2016	1.689	1.373										
2017	2.012											
All pt	1.935	1.318	1.112	1.043	1.016	1.008	1.003	1.002	0.999	1.001	1.000	
5 Yr Avg	1.895	1.318	1.109	1.039	1.023	1.007	1.003					
5 Yr Ex-Hi Lo	1.856	1.318	1.105	1.040	1.022	1.007	1.002	_				
Selected	1.856	1.318	1.105	1.040	1.022	1.007	1.002	1.000				
Age to Ult	2.899	1.562	1.185	1.073	1.031	1.009	1.002	1.000				

Commercial Auto
District of Columbia

Proposed Effective Date: 01/18/2020

Loss Development: Countrywide Personal Injury Protection (in thousands)

Capped at \$100,000

ACC	@ 15	@ 27	@ 39	@ 51	@ 63	@ 75	@ 87	@ 99	@ 111	@ 123	@ 135	@ 147
<u>Year</u>	<u>Months</u>	<u>Months</u>	<u>Months</u>	Months	<u>Months</u>	Months	Months	<u>Months</u>	Months	<u>Months</u>	<u>Months</u>	Months
2007	6,090	5,895	5,962	5,969	5,984	6,005	5,958	6,022	6,027	6,032	6,032	6,047
2008	4,596	4,885	4,999	5,058	5,015	5,083	5,128	5,155	5,155	5,155	5,155	
2009	5,603	6,102	6,300	5,839	5,895	6,121	6,135	6,137	6,139	6,142		
2010	6,931	7,575	6,058	5,647	7,219	7,206	7,202	7,169	7,185			
2011	10,285	6,814	5,495	11,215	10,724	10,715	11,434	11,611				
2012	5,130	5,938	10,742	10,723	10,695	10,956	11,217					
2013	5,051	7,156	7,586	7,848	10,263	10,168						
2014	3,592	4,121	4,239	4,411	4,404							
2015	4,785	5,869	6,138	6,187								
2016	4,369	5,243	5,726									
2017	3,147	3,713	•									
2018	3,304	,										
ACC												
<u>Year</u>	<u>15-27</u>	<u>27-39</u>	<u>39-51</u>	<u>51-63</u>	<u>63-75</u>	<u>75-87</u>	87-99	<u>99-111</u>	<u>111-123</u>	<u>123-135</u>	<u>135-147</u>	
2007	0.968	1.011	1.001	1.003	1.004	0.992	1.011	1.001	1.001	1.000	1.002	
2008	1.063	1.023	1.012	0.991	1.014	1.009	1.005	1.000	1.000	1.000		
2009	1.089	1.032	0.927	1.010	1.038	1.002	1.000	1.000	1.000			
2010	1.093	0.800	0.932	1.278	0.998	0.999	0.995	1.002				
2011	0.663	0.806	2.041	0.956	0.999	1.067	1.015					
2012	1.158	1.809	0.998	0.997	1.024	1.024						
2013	1.417	1.060	1.035	1.308	0.991							
2014	1.147	1.029	1.041	0.998								
2015	1.227	1.046	1.008									
2016	1.200	1.092										
2017	1.180											
All pt	1.109	1.071	1.110	1.068	1.010	1.016	1.005	1.001	1.000	1.000	1.002	
5 Yr Avg	1.234	1.207	1.224	1.108	1.010	1.020	1.005	1.001				
5 Yr Ex-Hi Lo	1.202	1.066	1.028	1.091	1.007	1.012	1.005					
Selected	1.202	1.066	1.028	1.091	1.007	1.012	1.005	1.000				
Age to Ult	1.473	1.225	1.149	1.118	1.025	1.017	1.005	1.000				

The Hartford Financial Services Group Commercial Auto District of Columbia

Proposed Effective Date: 01/18/2020 Expected Losses Excess of \$100,000

The incurred losses in the experience are adjusted to smooth out the impact of random large claims. Actual excess losses are removed by capping individual claims at the limit specified above and replaced with expected excess losses.

An Excess Loss Factor (ELF) is calculated as the weighted average Increased Limit Factor (rescaled to a base of the limit specified above) for Liability coverage for each vehicle type. The ELF converts aggregate capped losses to aggregate total losses.

Expected excess losses expressed as a portion of expected total limits losses are given as (ELF -1)/(ELF).

The ELF is converted to an Excess Loss Premium Factor (ELPF) applicable to manual earned premium at present rates. ELPF = (ELF - 1)/(ELF) * (Loss only permissible loss ratio)

		Wtd Avg	Expected		Expected
	Percentage	Increased	Excess Loss	Permissible	Excess Loss
	HIG UIt BL	Limit Factor	as a % of	Loss Ratio	Prem Factor
Vehicle Type	Inc Loss	(ELF)	Total Premium	(Loss Only)	(ELPF)
TTT Total	65%	1.522	34.3%	51.5%	0.177
All Other Vehicles	35%	1.488	32.8%	51.5%	0.169

	Light & Medium Trucks		-	All Other Vehicles
Policy	HIG	Rescaled	HIG	
Limit	Ult BL	Increased	Ult BL	Increased
(\$000)	Inc Loss	Limit Factor	Inc Loss	Limit Factor
100	2.6%	1.00	2.0%	1.00
250	0.0%	1.20	0.5%	1.19
300	3.1%	1.24	2.6%	1.23
400	0.3%	1.31	1.1%	1.30
500	7.4%	1.37	6.6%	1.35
750	0.3%	1.48	0.0%	1.45
1,000	85.7%	1.56	86.8%	1.52
1,500	0.0%	1.68	0.0%	1.63
2,000	0.6%	1.76	0.4%	1.71
2,500	0.0%	1.83	0.0%	1.77
3,000	0.0%	1.89	0.0%	1.82
5,000	0.0%	2.06	0.0%	1.98
7,500	0.0%	2.22	0.0%	2.12
10,000	0.0%	2.36	0.0%	2.23
TOTAL	100%	1.522	100.0%	1.488

Derivation of ELPF for Uninsured Motorists

Percentage of TTT HIGBL Inc Losses

A. Liability ELF for all vehicle types

B. Liability ELPF for all vehicle types
C. Differential between UM and Liability XS %

D. Umbrella ELPF for all vehicle types

1.51 Wtd avg Liab ELF for TTTs and All Other Vehicles

17.4% (A-1)/A x [Loss only PLR]

1.65 Estimate

0.287 B x C

The Hartford Financial Services Group
Commercial Auto
District of Columbia
Proposed Effective Date: 01/18/2020

Proposed Effective Date:	01/18/2020
Development Of Catastro	phe Adjustment

		OTC Ex-Cat	OTC Cat Only	Cat loss as a %
Yea	r OTC Losses	Losses	Losses	of Ex-Cat Loss
199) -	-	-	#DIV/0!
199	1 -	-	-	#DIV/0!
199	2 310	310	-	0%
199	61,320	61,320	-	0%
199	4 55,572	55,572	-	0%
199	98,183	98,183	-	0%
199	5 150,332	150,332	-	0%
199	7 97,995	97,995	-	0%
199	78,742	78,742	-	0%
199	9 168,438	159,479	8,959	6%
200	138,967	137,758	1,209	1%
200	1 134,342	129,407	4,935	4%
200	2 86,582	86,582	-	0%
200	3 241,233	171,539	69,694	41%
200	4 84,417	76,548	7,869	10%
200	74,584	72,605	1,979	3%
200	6 46,581	46,581	-	0%
200	7 40,057	40,057	-	0%
200	48,726	48,726	-	0%
200	73,426	73,426	-	0%
201	66,451	66,451	-	0%
201	1 88,567	88,567	-	0%
201	2 36,112	24,449	11,663	48%
201	35,649	35,649	-	0%
201	4 38,066	38,066	-	0%
201	84,555	84,555	-	0%
201	65,931	54,999	10,932	20%
201	7 22,372	22,372		0%
All Yrs	2,117,510	2,000,270	117,240	6%

Selected Cat Loss adjustment Factor

1.06

State Note

Colorado This is a generic form that cannot be used for Colorado because Colorado is an exempt state

Washington This form must be modified to incorporate the Deviation Table, which can be found in the prior LC Adoption

filing, at the bottom of the Input worksheet

Step 1	Review "Notes" worksheet for state specific guidelines
Step 2	Update Link to your state indications file
Step 3	Ascertain companies for your state from prior filing
Step 4	Remove the companies not in your state from Company Box
Step 5	Ascertain PIP status for your state from prior filing
Step 6	Delete PIP worksheet(s) not in your state
Step 7	Update PIP status in Sheets to Print
Step 8	Ascertain UM status from prior filing
Step 9-A	If One (1) UM: Delete sheets "PPT UM" & "NotPPT UM"
Step 9-B	If Two (2) or more UM: Delete sheet "UM"
Step 10	Update UM print status in Sheets to Print
Step 11	Manually input info. wherever font is blue
Step 12	For each worksheet-Place checkmark in appropriate Loss Cost Modification box (C9 or C10)
Step 13	Ensure name of company & coverage on each worksheet is correct.
Step 14	Hi-Light sheets that need to be printed
Step 15	Choose File ->Print->Print Active Sheets

#NAME?

1/12/2019

2.6%

Proposed Effective Date

*Prior Rate Level Change

*Effective Date

		Sheets to F	Print	
Page1	YES	Publics LIAB	YES	
TTT LIAB	YES	Publics OTC	YES	
TTT OTC	YES	Publics COLL	YES	
TTT COLL	YES	Garages	YES	
PPT LIAB	YES	TTT PIP	YES	
PPT OTC	YES	PPT PIP	YES	
PPT COLL	YES	Publics PIP	YES	
UM	YES			
PPT UM	YES			
NotPPT UM	YES			

Person Responsible for filing Title Phone #	Santhi Sulochanannair Commercial Auto Actuarial 860-547-4538	
Line of Insurance	Commercial Automobile	
Rating Org. Ref. Filing #	CA-2018-BRLA1	
Keep Modifiers on File Modifiers on File this Filing Only	Check One	
Input Company Code	4	
Date Filing Submission	1/14/2020	'
Proposed Rate Level Change	6.1%	

*Find in prior filing - Exhibit 1 Sheet 1

*Find in prior filing - Exhibit 1 Sheet 1

Company Box						
Code	NAIC#	Name				
1	19682	Hartford Fire Insurance Company				
2	30104	Hartford Underwriters Insurance Com	Hartford Underwriters Insurance Company			
3	37478	Hartford Insurance Company of the Midwest				
4	29424	Hartford Casualty Insurance Company				
5	29459	Twin City Fire Insurance Company				
6	34690	Property & Casualty Insurance Company of Hartford				

						Ī		
				Loss Cost Mod Factor	Prem. Level Change			
Vehicle Type		Coverage		Prop	Prop	ļ		
TTT	Liability / Medical Paym	ents / Hired Auto Liability		1.750	4.1%	ļ		
	Other Than Collision			1.120	0.3%			
	Collision			1.000	4.7%			
	Personal Injury Protection	on		0.867	0.0%			
	Uninsured Motorists			1.500	1.4%			
PPT	Liability and Medical Pa	yments		1.740	3.4%	•		
	Other Than Collision			1.300	0.6%			
	Collision			1.150	8.7%			
	Personal Injury Protecti	on		0.959	0.0%			
	Uninsured Motorists			1.500	1.4%			
Publics	Liability and Medical Pa	yments		1.349	4.7%	İ		
	Other Than Collision			1.205	0.0%			
	Collision			1.161	4.9%			
	Personal Injury Protecti	on		1.238	0.0%			
	Uninsured Motorists			1.500	1.4%		Impact ISO	Prem. Level Chang
Garages &	PL&LAE/R			LC Mo	d Factor	LC Mod	Base LC	
Statewide Misc.	Current	Prop	ELR Change	Current	Prop	Change	Change	Prop
Rates	59.6%	60.8%	-0.020	1.000	1.020	0.020	0.00%	0.09

Expense	Lia/UM	OTC	Coll	PIP
Commission	16.3%	16.3%	16.3%	16.3%
Other U/W	18.7%	18.7%	18.7%	18.7%
Tax,Lic,Fee	1.7%	1.7%	1.7%	1.7%
Profit	2.5%	5.8%	5.8%	2.5%
Total	39.2%	42.5%	42.5%	39.2%
PL&LAE/R	60.8%	57.5%	57.5%	60.8%

Space Reserved for Insurance Department use				

Date:	01/14/20
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INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

1.	INSURER NAME	Hartford Casualty Insur	rance Company		
	ADDRESS	One Hartford Plaza			
		Hartford, CT 06155			
	PERSON RESPONSIBLE FOR	R FILING	Santhi Sulocha	anannair	
	TITLE Commerci	al Auto Actuarial		TELEPHONE #	860-547-4538
2.	INSURER NAIC #	29424			
3.	LINE OF INSURANCE	Commerc	cial Automobile		
4.	ADVISORY ORGANIZATION		Insurance Serv	vices Office, Ins.	
5.	ADVISORY ORGANIZATION	REFERENCE FILING #		CA-2018-BRLA1	
6.	The above insurer hereby decl advisory organization for this li	•		•	amed
	independently submitted, as its		•		e Filing.
	The insurer's rates will be the	combination of the prosp	activa loss costs s	and the loss cost multir	oliere
	and, if utilized, the expense co			and the loop boot malap	лого
7.	PROPOSED RATE LEVEL CH	IANGE	6.1%	EFFECTIVE DATE	#NAME?
8.	PRIOR RATE LEVEL CHANG	F	2.6%	EFFECTIVE DATE	1/12/2019
	ATTACH "SUMMARY OF SUF				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
٥.	(Use a separate Summary for				
10.	CHECK ONE OF THE FOLLO	WING: rer hereby files to have it:	s loss cost multipl	liers and, if utilized, exr	pense constants
		cable to future revisions of	•	•	
	line of in	surance. The insurer's ra	ates will be the co	mbination of the advise	ory organization's
	• • •	tive loss costs and the in		•	•
		ts specified in the attachr			
		edate of the advisory orgate until disapproved by the			
	V T	man la analas, £lla a ta la as se	- lane and	Company of the Company	
	<u> </u>	rer hereby files to have its cable only to the above A		•	Dense constants

_	urer Name: C Number:	Hartford Casualty Insurance Company 29424 Date	e: 1/14/20
INA	C Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FOR CALCULATION OF COMPANY LOSS COST MULTIPLIER	
1.		e, Coverage, Territory, Class, etc. combination to which this page app Automobile: TTT Liability / Medical Payments / Hired Auto Liability	olies:
2.	(CHEC	urer hereby files to adopt the prospective loss costs in the captioned i	-
		See supporting exhibits	
	B. Loss Co	ost Modification Expressed as a Factor:	1.750
	HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT OF PRING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expension of the contraction.)	pense data and/or other
			Selected Provisions
	A. Tot	tal Production Expense	16.3 %
		neral Expenses	18.7 %
		xes, Licenses & Fees	1.7 %
		derwriting Profit & Contingencies	2.5 %
		ner (explain)	2.5 /0
		TAL	39.2 %
	10	Inc	39.2 /0
4 A	Expected Lo	oss Ratio: ELR = 100% - 3F =	60.8 %
	ELR in deci		0.608
5. 6.	Company F	ormula Loss Cost Multiplier: (2B ÷ 4B) = elected Loss Cost Multiplier = differences between 5 and 6:	2.878 2.878

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.1%

Insurer Name: NAIC Number: Hartford Casualty Insurance Company Date: 1/14/20						
INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 12.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %	_		Hartford Casualty Insurance Company	Date:	1/14/20	
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 12.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses 116.3 % C. Taxes, Licenses & Fees 11.7 % C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %	NA	IC Number:				
SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 12.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses 16.3 % C. Taxes, Licenses & Fees 1.7 % D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %			ADOPTION OF ADVISORY ORGANIZA	ATION		
Commercial Automobile: TTT Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 12.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 42.5 % 4. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %			SUMMARY OF SUPPORTING INFORMA			
A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 12.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 42.5 % 4.A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %	1.		•	this page applies:		
B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %	2.	A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attasupporting data and/or rationale for the modification.				
NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense 16.3 % B. General Expenses 18.7 % C. Taxes, Licenses & Fees 1.7 % D. Underwriting Profit & Contingencies 5.8 % E. Other (explain) % F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %			See supporting exhibits			
OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected Provisions A. Total Production Expense B. General Expenses 16.3 % C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %			•		1.120	
Selected Provisions Selected	ОТ	HER SUPPO	ORTING INFORMATION. DO NOT COMPLETE ITEMS	3-7 BELOW.		
Selected Provisions	ა.	•	· · · · · · · · · · · · · · · · · · ·	insurer expense of	data and/or	otner
A. Total Production Expense 16.3 % B. General Expenses 18.7 % C. Taxes, Licenses & Fees 1.7 % D. Underwriting Profit & Contingencies 5.8 % E. Other (explain) % F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %		Supporting	momaton.)			
B. General Expenses 18.7 % C. Taxes, Licenses & Fees 1.7 % D. Underwriting Profit & Contingencies 5.8 % E. Other (explain) % F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %		A. To	tal Production Expense			
C. Taxes, Licenses & Fees 1.7 % D. Underwriting Profit & Contingencies 5.8 % E. Other (explain) % F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %						%
E. Other (explain) % F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %					1.7	%
F. TOTAL 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %		D. Ur	derwriting Profit & Contingencies		5.8	%
4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 %			<u> </u>			%
7711 2775 00100 2000 1741101 2217 10070 01		F. TO	TAL		42.5	%
	4 A	.Expected L	oss Ratio: ELR = 100% - 3F =		57.5	%
					0.575	

1.948

1.948

0.3%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) =

Rate level change for the coverages to which this page applies

Company Selected Loss Cost Multiplier =

Explain any differences between 5 and 6:

_	urer Name:	Hartford Casualty Insurance Company Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		ne, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: TTT Collision		
2.	(CH <u>EC</u>	Modification: surer hereby files to adopt the prospective loss costs in the captioned reference K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification data and/or rationale for the modification.		attach
	B. Loss C	ost Modification Expressed as a Factor:	1.000)
	TE: IF EXPE	camples below.) ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SU DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.	PPLEMEN ⁻	T" OR
3.	•	nt of Expected Loss Ratio. (Attach exhibit detailing insurer expense d information.)		
			Select Provisi	
	A. To	tal Production Expense	16.3	%
		neral Expenses	18.7	%
	C. Ta	xes, Licenses & Fees	1.7	%
	D. Un	derwriting Profit & Contingencies	5.8	%
	E. Ot	her (explain)		%
	F. TO	OTAL	42.5	%
4 A	. Expected L	oss Ratio: ELR = 100% - 3F =	57.5	%
_	B. ELR in deci		0.575	
				-
5.	Company F	formula Loss Cost Multiplier: (2B ÷ 4B) =	1.739	
6.	Company S	Selected Loss Cost Multiplier =	1.739	

- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.7%

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

	urer Name:	Hartford Casualty Insurance Company 29424	Date: _	1/14/20	
NAI	C Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATIO PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATIO CALCULATION OF COMPANY LOSS COST MUL	N FORM		
		e, Coverage, Territory, Class, etc. combination to which this patternation to which this patternation.	page applies:		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the ca K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and supporting data and/or rationale for the modification.		_	attach
	B. Loss C	See supporting exhibits ost Modification Expressed as a Factor:		1.740	
OTI 3.	HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 Ent of Expected Loss Ratio. (Attach exhibit detailing insunformation.)	BELOW.	data and/or	other
				Select	
	A. To	tal Production Expense		Provision 16.3	ons %
		neral Expenses		18.7	%
		xes, Licenses & Fees		1.7	%
		derwriting Profit & Contingencies		2.5	%
		her (explain)			%
		TAL		39.2	%
4 Δ	Expected I	oss Ratio: ELR = 100% - 3F =		60.8	%
	ELR in deci			0.608	,,,
	LEIVIII GOO			0.000	
5.	Company F	ormula Loss Cost Multiplier: (2B ÷ 4B) =		2.862	
6.		elected Loss Cost Multiplier =		2.862	
	Explain any	differences between 5 and 6:			

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

3.4%

	surer Name: Hartford Casualty Insurance Company Date:	1/14/20	
N/	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Other Than Collision		
 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and supporting data and/or rationale for the modification.			
	B. Loss Cost Modification Expressed as a Factor: (See examples below.)	1.300)
	OTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT S THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.		
ა.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense supporting information.)	data and/or	otner
	supporting informations)	Select	ed
		Provisi	ons
	A. Total Production Expense	16.3	%
	B. General Expenses	18.7	%
	C. Taxes, Licenses & Fees	1.7	%
	D. Underwriting Profit & Contingencies	5.8	%
	E. Other (explain)		%
	F. TOTAL	42.5	%
4 /	A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
_	B. ELR in decimal form =	0.575	
5.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	2.261	
6.	Company Selected Loss Cost Multiplier =	2.261	
	Explain any differences between 5 and 6:		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.6%

	_			
NI A	surer Name: Hartford Casualty Insurance Company Date:	1/14/20		
IN <i>F</i>	AIC Number: 29424 INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM			
1.	CALCULATION OF COMPANY LOSS COST MULTIPLIER Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Collision			
 Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and supporting data and/or rationale for the modification. 				
	See supporting exhibits			
	B. Loss Cost Modification Expressed as a Factor: (See examples below.)	1.150)	
	OTE 15 EVENUE CONOTANTO ARE UTULTED ATTACU "EVENUE CONOTANT OU			
	7			
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.		othe	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.)	lata and/or	other ed ons	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense	data and/or Select	other ed ons %	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses	data and/or Select Provisi	other ed ons %	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	data and/or Select Provisi	other ed ons % %	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Select Provisi 16.3 18.7	other ed ons % % %	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	Select Provisi 16.3 18.7	other ed ons % % % %	
01	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Select Provisi 16.3 18.7	other ed ons % % %	
0 1	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Select Provisi 16.3 18.7 1.7 5.8	other ed ons % % % %	
0 1 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain)	Select Provisi 16.3 18.7 1.7 5.8	other ed ons % % % % % %	
0 1 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form =	Select Provisi 16.3 18.7 1.7 5.8 42.5	other ed ons % % % % % %	

- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

8.7%

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

Ins	urer Name:	Hartford Casualty Insurance Company Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.	•	e, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: Publics Liability and Medical Payments		
2.	A. The ins	Modification: Eurer hereby files to adopt the prospective loss costs in the captioned reference (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification gupporting data and/or rationale for the modification. 34.9% See supporting exhibits	-	attach
	B Loss C	ost Modification Expressed as a Factor:	1.349	<u> </u>
	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUDRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense deformation.)	ata and/or	other
	A. To	tal Production Expense	Provisi 16.3	ons %
		neral Expenses	18.7	%
		xes, Licenses & Fees	1.7	%
		derwriting Profit & Contingencies	2.5	%
	-	her (explain)	2.0	%
		TAL	39.2	%
			00.2	
4 A	A. Expected L	oss Ratio: ELR = 100% - 3F =	60.8	%
	B. ELR in deci		0.608	
5. 6.	Company S	formula Loss Cost Multiplier: (2B ÷ 4B) = selected Loss Cost Multiplier =	2.219 2.219	
	⊏xpiain any	differences between 5 and 6:		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.7%

Ins	urer Name:	Hartford Casualty Insurance Company Date:	1/14/20					
_	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER						
1.								
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned reference K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification data and/or rationale for the modification. 20.5% See supporting exhibits	-	attach				
	B Loss C	ost Modification Expressed as a Factor:	1.205					
	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUDRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense dinformation.)	lata and/or Select	other				
	A. To	tal Draduation Evnance	Provisi	ons %				
		tal Production Expense neral Expenses	16.3 18.7	// 0				
		xes, Licenses & Fees	1.7	%				
		derwriting Profit & Contingencies	5.8	%				
		her (explain)	3.0	%				
		TAL	42.5	%				
	10	IAL	42.5	-/-				
4 A	. Expected L	oss Ratio: ELR = 100% - 3F =	57.5	%				
	B. ELR in deci		0.575					
5. 6.	Company S	formula Loss Cost Multiplier: (2B ÷ 4B) =	2.095 2.095					
	Explain any	differences between 5 and 6:						

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.0%

Ins	urer Name:	Hartford Casualty Insurance Company Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		ne, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: Publics Collision		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned reference K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification data and/or rationale for the modification. 16.1% See supporting exhibits	-	attach
	R Loss €	ost Modification Expressed as a Factor:	1.161	 I
	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUDRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense dinformation.)	ata and/or	other
	A. To	tal Production Expense	Provisi 16.3	ons %
		eneral Expenses	18.7	%
		xes, Licenses & Fees	1.7	%
		derwriting Profit & Contingencies	5.8	%
		her (explain)	0.0	%
	-	OTAL	42.5	%
			12.0	
4 A	. Expected L	oss Ratio: ELR = 100% - 3F =	57.5	%
	B. ELR in deci		0.575	
5. 6.	Company S	Formula Loss Cost Multiplier: (2B ÷ 4B) = Selected Loss Cost Multiplier = (differences between 5 and 6)	2.020 2.020	
	Explain any	differences between 5 and 6:		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.9%

	surer Name: Hartford Casualty Insurance Company Date:	1/14/20	
NΑ	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER	I	
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applie Commercial Automobile: Uninsured Motorists	s:	
2.	Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent management of supporting data and/or rationale for the modification. 50.0% See supporting exhibits	·	h
NC	B. Loss Cost Modification Expressed as a Factor: (See examples below.) OTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTAN"	1.500 T SUPPLEMENT" O	R
01 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expensupporting information.)	se data and/or othe Selected Provisions	∍r
	A. Total Production Expense	16.3 %	_
	B. General Expenses	18.7 %	_
	C. Taxes, Licenses & Fees	1.7 %	_
	D. Underwriting Profit & Contingencies	2.5 %	_
	E. Other (explain)	%	_
	F. TOTAL	39.2 %	
4 <i>F</i>	A. Expected Loss Ratio: ELR = 100% - 3F =	60.8 %	_
	B. ELR in decimal form =	0.608	_
5.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	2.467	
6.	Company Selected Loss Cost Multiplier = Explain any differences between 5 and 6:	2.467	_

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

1.4%

_	urer Name:	Hartford Casualty Insurance Company Dat	e: 1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FOR CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		ne, Coverage, Territory, Class, etc. combination to which this page ap Automobile: Garages & Statewide Misc. Rates	plies:	
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned ck ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent supporting data and/or rationale for the modification. 2.0% See supporting exhibits		attach
		cost Modification Expressed as a Factor: xamples below.)	1.020	
	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. ent of Expected Loss Ratio. (Attach exhibit detailing insurer expinformation.)		other
	A. To		FIOVISIO	ons
		tal Production Expense	16.3	ons %
	C. Ta	eneral Expenses		
		•	16.3	%
	D. Un	eneral Expenses xes, Licenses & Fees	16.3 18.7	% %
		eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies	16.3 18.7 1.7	% % %
	E. Ot	eneral Expenses exes, Licenses & Fees inderwriting Profit & Contingencies her (explain)	16.3 18.7 1.7 2.5	% % % %
	E. Ot	eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies	16.3 18.7 1.7	% % %
4 A	E. Ot F. TC	eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies ther (explain) OTAL	16.3 18.7 1.7 2.5	% % % % %
	E. Ot F. TO	eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies ther (explain) OTAL coss Ratio: ELR = 100% - 3F =	16.3 18.7 1.7 2.5 39.2	% % % %
	E. Ot F. TC	eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies ther (explain) OTAL coss Ratio: ELR = 100% - 3F =	16.3 18.7 1.7 2.5	% % % % %
4 E	E. Ot F. TO A. Expected L B. ELR in deci	eneral Expenses Exces, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & I	16.3 18.7 1.7 2.5 39.2 60.8 0.608	% % % % %
4 E 5.	E. Ot F. TO A. Expected L B. ELR in deci	eneral Expenses Exes, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & Inderwritin	16.3 18.7 1.7 2.5 39.2 60.8 0.608	% % % % %
4 E	E. Ot F. TO A. Expected L B. ELR in deci Company F Company S	eneral Expenses Exces, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & I	16.3 18.7 1.7 2.5 39.2 60.8 0.608	% % % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

_	urer Name: IC Number:	Hartford Casualty Insurance Company 29424	Date:	1/14/20	
N/A	ic Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATI PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATI CALCULATION OF COMPANY LOSS COST MU	ION FORM		
1.		e, Coverage, Territory, Class, etc. combination to which this Automobile: TTT Personal Injury Protection	s page applies:		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the of K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and supporting data and/or rationale for the modification. -13.3% See supporting exhibits		-	attach
	B. Loss C	ost Modification Expressed as a Factor:		0.867	,
NC	TE: IF EXPE	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE	CONSTANT S	UPPLEMEN	Γ" OR
	HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 nt of Expected Loss Ratio. (Attach exhibit detailing in information.)	BELOW.	data and/or	other ed
ОТ	Developme supporting i	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 nt of Expected Loss Ratio. (Attach exhibit detailing in information.)	BELOW.	data and/or Select Provisi	other ed ons
ОТ	Developme supporting i	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 Int of Expected Loss Ratio. (Attach exhibit detailing in information.) Ital Production Expense	BELOW.	data and/or Select Provision 16.3	other ed ons %
ОТ	Developme supporting i	orting information. Do not complete items 3-7 nt of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense ineral Expenses	BELOW.	data and/or Select Provision 16.3 18.7	other ed ons %
ОТ	Developme supporting i A. To B. Ge C. Ta	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 Int of Expected Loss Ratio. (Attach exhibit detailing in information.) Ital Production Expense Ineral Expenses Ixes, Licenses & Fees	BELOW.	data and/or Select Provision 16.3 18.7 1.7	other ed ons % %
ОТ	A. To B. Ge C. Ta D. Un	orting information. Do not complete items 3-7 ort of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense eneral Expenses xes, Licenses & Fees derwriting Profit & Contingencies	BELOW.	data and/or Select Provision 16.3 18.7	other ed ons % % %
ОТ	A. To B. Ge C. Ta D. Un E. Ot	orting information. Do not complete items 3-7 ort of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense eneral Expenses xes, Licenses & Fees derwriting Profit & Contingencies her (explain)	BELOW.	data and/or Select Provision 16.3 18.7 1.7 2.5	other ed ons % %
ОТ	A. To B. Ge C. Ta D. Un E. Ot	orting information. Do not complete items 3-7 ort of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense eneral Expenses xes, Licenses & Fees derwriting Profit & Contingencies	BELOW.	data and/or Select Provision 16.3 18.7 1.7	other ed ons % % % %
ОТ 3.	A. To B. Ge C. Ta D. Un E. Ot	orting information. Do not complete items 3-7 ort of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense eneral Expenses exes, Licenses & Fees derwriting Profit & Contingencies her (explain)	BELOW.	data and/or Select Provision 16.3 18.7 1.7 2.5	other ed ons % % % %
OT 3.	A. To B. Ge C. Ta D. Un E. Ot	or tal Production Expense eneral Expenses exes, Licenses & Fees derwriting Profit & Contingencies her (explain) OTAL OSS Ratio: ELR = 100% - 3F =	BELOW.	data and/or Select Provision 16.3 18.7 1.7 2.5 39.2	other ed ons % % % % % %
3. 4 A 4 B	A. To B. Ge C. Ta D. Un E. Ott F. TO	nt of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense neral Expenses exes, Licenses & Fees derwriting Profit & Contingencies her (explain) OTAL oss Ratio: ELR = 100% - 3F = mal form =	BELOW.	data and/or Select Provision 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other ed ons % % % % % %
3. 4 A 4 E 5.	A. To B. Ge C. Ta D. Un E. Ott F. TO A. Expected L. B. ELR in deci	nt of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense eneral Expenses exes, Licenses & Fees derwriting Profit & Contingencies her (explain) TAL oss Ratio: ELR = 100% - 3F = mal form = formula Loss Cost Multiplier: (2B ÷ 4B) =	BELOW.	data and/or Select Provision 16.3 18.7 1.7 2.5 39.2 60.8 0.608 1.426	other ed ons % % % % % %
3. 4 A 4 B	A. To B. Ge C. Ta D. Un E. Otl F. TO B. Expected L B. ELR in deci	nt of Expected Loss Ratio. (Attach exhibit detailing in information.) tal Production Expense neral Expenses exes, Licenses & Fees derwriting Profit & Contingencies her (explain) OTAL oss Ratio: ELR = 100% - 3F = mal form =	BELOW.	data and/or Select Provision 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

_	surer Name: Hartford Casualty Insurance Company Date:	1/14/20	
NA	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Personal Injury Protection		
2.	Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned refere (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent mod supporting data and/or rationale for the modification. -4.1% See supporting exhibits		attach
	B. Loss Cost Modification Expressed as a Factor:	0.959	
	TE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT STHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense supporting information.)		other
		Provisi	
	A. Total Production Expense	16.3	%
	B. General Expenses		
		18.7	%
	C. Taxes, Licenses & Fees	18.7 1.7	%
	D. Underwriting Profit & Contingencies		% %
	D. Underwriting Profit & Contingencies E. Other (explain)	1.7	%
	D. Underwriting Profit & Contingencies	1.7	% %
4 A	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	1.7 2.5 39.2	% % % %
	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	1.7 2.5 39.2 60.8	% % %
	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	1.7 2.5 39.2	% % % %
	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form =	1.7 2.5 39.2 60.8 0.608	% % % %
4 B	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	1.7 2.5 39.2 60.8	% % % %
4 B 5.	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form = Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	1.7 2.5 39.2 60.8 0.608	% % % %
4 B 5.	D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form = Company Formula Loss Cost Multiplier: (2B ÷ 4B) = Company Selected Loss Cost Multiplier =	1.7 2.5 39.2 60.8 0.608	% % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

NAIC Number: 29424 INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:		
1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:		
Commercial Automobile: Publics Personal Injury Protection		
2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification. 23.8% See supporting exhibits	-	attach
B. Loss Cost Modification Expressed as a Factor:	1.238	
NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SU OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.	PPLEIVIEIN	UK
 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.) 		
1 1 1	Select	ed
supporting information.)		ed
supporting information.) A. Total Production Expense	Select Provision	ed ons
supporting information.) A. Total Production Expense	Select Provision	ed ons
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	Select Provision 16.3 18.7	ed ons %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Select Provision 16.3 18.7 1.7	ed ons % %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Select Provision 16.3 18.7 1.7	ed ons % % %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Select Provision 16.3 18.7 1.7 2.5	ed ons % % % % % % %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4 A. Expected Loss Ratio: ELR = 100% - 3F =	Select Provision 16.3 18.7 1.7 2.5	ed ons % % % % % %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Select Provision 16.3 18.7 1.7 2.5	ed ons % % % % % % %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4 A. Expected Loss Ratio: ELR = 100% - 3F = 4 B. ELR in decimal form =	Select Provision 16.3 18.7 1.7 2.5 39.2 60.8 0.608	ed ons % % % % % % %
A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4 A. Expected Loss Ratio: ELR = 100% - 3F =	Select Provision 16.3 18.7 1.7 2.5 39.2 60.8	ed ons % % % % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

State Note

Colorado This is a generic form that cannot be used for Colorado because Colorado is an exempt state

Washington This form must be modified to incorporate the Deviation Table, which can be found in the prior LC Adoption

filing, at the bottom of the Input worksheet

Step 1	Review "Notes" worksheet for state specific guidelines
•	
Step 2	Update Link to your state indications file
Step 3	Ascertain companies for your state from prior filing
Step 4	Remove the companies not in your state from Company Box
Step 5	Ascertain PIP status for your state from prior filing
Step 6	Delete PIP worksheet(s) not in your state
Step 7	Update PIP status in Sheets to Print
Step 8	Ascertain UM status from prior filing
Step 9-A	If One (1) UM: Delete sheets "PPT UM" & "NotPPT UM"
Step 9-B	If Two (2) or more UM: Delete sheet "UM"
Step 10	Update UM print status in Sheets to Print
Step 11	Manually input info. wherever font is blue
Step 12	For each worksheet-Place checkmark in appropriate Loss Cost Modification box (C9 or C10)
Step 13	Ensure name of company & coverage on each worksheet is correct.
Step 14	Hi-Light sheets that need to be printed
Step 15	Choose File ->Print->Print Active Sheets

#NAME?

1/12/2019

2.6%

Proposed Effective Date

*Prior Rate Level Change

*Effective Date

		Sheets to F	rint	
Page1	YES	Publics LIAB	YES	
TTT LIAB	YES	Publics OTC	YES	
TTT OTC	YES	Publics COLL	YES	
TTT COLL	YES	Garages	YES	
PPT LIAB	YES	TTT PIP	YES	
PPT OTC	YES	PPT PIP	YES	
PPT COLL	YES	Publics PIP	YES	
UM	YES			
PPT UM	YES			
NotPPT UM	YES			

Person Responsible for filing Title Phone # Line of Insurance	Santhi Sulochanannair Commercial Auto Actuarial 860-547-4538 Commercial Automobile		
Rating Org. Ref. Filing #	CA-2018-BRLA1		
Keep Modifiers on File Modifiers on File this Filing Only	Check One		
Input Company Code	1		
Date Filing Submission	1/14/2020		_
Proposed Rate Level Change	6.1%		

*Find in prior filing - Exhibit 1 Sheet 1

*Find in prior filing - Exhibit 1 Sheet 1

Company Box				
Code	NAIC#	Name		
1	19682	Hartford Fire Insurance Company		
2	30104	Hartford Underwriters Insurance Company		
3	37478	Hartford Insurance Company of the Midwest		
4	29424	Hartford Casualty Insurance Company		
5	29459	Twin City Fire Insurance Company		
6	34690	Property & Casualty Insurance Compa	any of Hartford	

						Ī		
				Loss Cost Mod Factor	Prem. Level Change			
Vehicle Type		Coverage		Prop	Prop	ļ		
TTT	Liability / Medical Paym	ents / Hired Auto Liability		1.750	4.1%	ļ		
	Other Than Collision			1.120	0.3%			
	Collision			1.000	4.7%			
	Personal Injury Protection			0.867	0.0%			
	Uninsured Motorists			1.500	1.4%			
PPT	Liability and Medical Payments			1.740	3.4%	•		
	Other Than Collision	1			0.6%			
	Collision			1.150	8.7%			
	Personal Injury Protecti	on		0.959	0.0%			
	Uninsured Motorists			1.500	1.4%			
Publics	Liability and Medical Pa	yments		1.349	4.7%	İ		
	Other Than Collision			1.205	0.0%			
	Collision Personal Injury Protection			1.161	4.9%			
				1.238	0.0%			
	Uninsured Motorists			1.500	1.4%		Impact ISO	Prem. Level Chang
Garages &	PL	&LAE/R		LC Mo	d Factor	LC Mod	Base LC	
Statewide Misc.	Current	Prop	ELR Change	Current	Prop	Change	Change	Prop
Rates	59.6%	60.8%	-0.020	1.000	1.020	0.020	0.00%	0.09

Expense	Lia/UM	OTC	Coll	PIP
Commission	16.3%	16.3%	16.3%	16.3%
Other U/W	18.7%	18.7%	18.7%	18.7%
Tax,Lic,Fee	1.7%	1.7%	1.7%	1.7%
Profit	2.5%	5.8%	5.8%	2.5%
Total	39.2%	42.5%	42.5%	39.2%
PL&LAE/R	60.8%	57.5%	57.5%	60.8%

Space Reserved for Insurance
Department use

Date: 01/14/20	
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INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

1.	INSURER NAME	Hartford Fire Insurance	e Company		
	ADDRESS	One Hartford Plaza			
		Hartford, CT 06155			
	PERSON RESPONSIBLE FOI	R FILING	Santhi Sulocha	anannair	
	TITLE Commerci	al Auto Actuarial		TELEPHONE #	860-547-4538
2.	INSURER NAIC #	19682			
3.	LINE OF INSURANCE	Commerc	cial Automobile		
4.	ADVISORY ORGANIZATION		Insurance Serv	vices Office, Ins.	
5.	ADVISORY ORGANIZATION	REFERENCE FILING #		CA-2018-BRLA1	
6.	The above insurer hereby decl advisory organization for this li	•		•	amed
	independently submitted, as its		•		e Filing.
	The insurer's rates will be the	combination of the proces	activa loss casts o	and the loss cost multir	pliore
	and, if utilized, the expense co			and the loss cost malap	nici3
7.	PROPOSED RATE LEVEL CH	IANGE	6.1%	EFFECTIVE DATE	#NAME?
8	PRIOR RATE LEVEL CHANG	F	2.6%	EFFECTIVE DATE	1/12/2019
	ATTACH "SUMMARY OF SUF			ETTEOTIVE BITTE	1112010
Э.	(Use a separate Summary for				
10.	CHECK ONE OF THE FOLLO	WING: rer hereby files to have it:	s loss cost multipl	liers and if utilized exr	nense constants
		cable to future revisions of	•	•	
	line of in	surance. The insurer's ra	ates will be the co	mbination of the advise	ory organization's
		tive loss costs and the ins		•	•
		ts specified in the attachr			
		edate of the advisory orgate until disapproved by the			
					·
		rer hereby files to have its cable only to the above A		•	ense constants

_	urer Name: IC Number:	Hartford Fire Insurance Company 19682	Date:	1/14/20	
INA	ic number.	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZ PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORM CALCULATION OF COMPANY LOSS COST	ATION FORM		
1.		e, Coverage, Territory, Class, etc. combination to which Automobile: TTT Liability / Medical Payments / Hired Auto Lia			
2.		wirer hereby files to adopt the prospective loss costs in to K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature supporting data and/or rationale for the modification. 75.0%	·	-	attach
		See supporting exhibits			
	(See ex TE: IF EXPE HER SUPPO	ost Modification Expressed as a Factor: camples below.) ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPEDITION INFORMATION. DO NOT COMPLETE ITEMS ont of Expected Loss Ratio. (Attach exhibit detailing	3-7 BELOW.		Γ" OR
	supporting i	information.)		Selecto Provisio	
	A. To	tal Production Expense		16.3	%
		neral Expenses		18.7	%
	C. Ta	xes, Licenses & Fees		1.7	%
	D. Un	derwriting Profit & Contingencies		2.5	%
		her (explain)			
		TAL		39.2	%
4 A	Expected L	oss Ratio: ELR = 100% - 3F =		60.8	%
	B. ELR in deci			0.608	
5. 6.	Company S	formula Loss Cost Multiplier: (2B ÷ 4B) = selected Loss Cost Multiplier = selected between 5 and 6:		2.878 2.878	
_		shange for the coverages to which this nage annlies		A 19/	

Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of Example 1:

.90 (1.000 - .100) should be used.

nsurer N IAIC Nu		Hartford Fire	Insurance C	Company				Date:	1/	14/20	
IAIC Nu	mber.	SUI	/IMARY	PTION OF	CTIVE LOS	ORGANIA SS COSTS INFORM	S NATION				
		_		y, Class, etc Than Collisio		on to whic	h this pa	ge applies	:		
Α.	The ins (CH <u>EC</u>	CONE) Without n With the supportin 12.0%	files to ac nodification following	dopt the pro- n (factor = 1. modification or rationale	.000) n(s). Cite t	the nature					attac
		Saa sunnar	ing avhibite								
IOTE: II	(See ex F EXPE	amples be	ation Expre	essed as a F	ĽED, ATTA				SUPPLE	1.120 MENT	
IOTE: II OTHER :	(See ex F EXPE SUPPC elopme	ost Modific amples be INSE CON	ation Expressions.) STANTS A FORMATION		ZED, ATTA T COMPLE	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT .nd/or Selecto	Γ" OI othe
IOTE: II OTHER : . Deve supp	(See ex F EXPE SUPPC elopme porting i	ost Modificamples be ENSE CON ERTING IN Int of Expension	ation Expressions.) STANTS AFORMATION LOSS ected Loss)	ARE UTILIZ ON. DO NO s Ratio. (<i>F</i>	ZED, ATTA T COMPLE	ETE ITEMS	S 3-7 BEI	LOW.	e data a S Pr	MENT nd/or Selector	Γ" O othe ed ons
IOTE: II OTHER : . Deversupp A.	(See ex F EXPE SUPPO elopme porting i	ost Modificamples be ENSE CON ERTING IN Int of Expension	ation Expression Expression Expression Experient	ARE UTILIZ ON. DO NO s Ratio. (<i>F</i>	ZED, ATTA T COMPLE	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision	Γ" Ο othe ed ons
DOTE: II OTHER S Deversupp A. B.	F EXPE SUPPO elopme porting i	ost Modificamples be ENSE CON ERTING IN Int of Expension	ation Expression Expression Expenses	ARE UTILIZ ON. DO NO s Ratio. (A	ZED, ATTA T COMPLE	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3	othe
DEVE Supp	F EXPESUPPO elopme porting i	est Modificamples be ENSE CON ERTING IN Int of Expension Internation Internati	STANTS A FORMATIO ected Loss) tion Exper	ARE UTILIZ ON. DO NO s Ratio. (A	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3 18.7 1.7	other of the ons when the one of
DEVE Supp	F EXPESUPPO	est Modificamples be ENSE CON ERTING IN Int of Expension Internation Internati	stants A FORMATIO ected Loss) tion Experiences enses ees & Fees Profit & C	ARE UTILIZ ON. DO NO s Ratio. (A	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3	other
Deve supp	F EXPESUPPO elopme porting i	ost Modificamples be ENSE CON ENTING IN Int of Expension Cal Production Cal Produ	stants A FORMATIO ected Loss) tion Experiences enses ees & Fees Profit & C	ARE UTILIZ ON. DO NO s Ratio. (A	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3 18.7 1.7 5.8	other other ons
DEVE Supp	F EXPESUPPO elopme porting i	est Modificamples be ENSE CON ERTING IN Int of Expension Internation Internati	stants A FORMATIO ected Loss) tion Experiences enses ees & Fees Profit & C	ARE UTILIZ ON. DO NO s Ratio. (A	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3 18.7 1.7	other other ons
A. B. C. D. E.	F EXPESUPPO	est Modificamples be ENSE CON ERTING IN Int of Expension Internation Internati	stion Expression Expenses ses & Feese Profit & Con)	ARE UTILIZ ON. DO NO s Ratio. (A nse s Contingenc	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT and/or Selector ovision 16.3 18.7 1.7 5.8	othe ed ons
DELECTION OF THE PROPERTY OF T	F EXPESUPPO elopme porting i To Ge Ta: Un Otl TO	ost Modificamples be ENSE CON ERTING IN Int of Expension Internation Internati	stion Expression Expenses ses & Feese Profit & Con)	ARE UTILIZ ON. DO NO s Ratio. (A nse s Contingenc	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3 18.7 1.7 5.8 42.5	othe ed ons
DEVESTIBLE OF THE PROPERTY OF	F EXPESUPPO elopme porting i To Ge Ta: Un Otl TO	est Modificamples be ENSE CON ERTING IN Int of Expension Internation Internati	stion Expression Expenses ses & Feese Profit & Con)	ARE UTILIZ ON. DO NO s Ratio. (A nse s Contingenc	ZED, ATTA T COMPLE Attach exhi	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT and/or Selector ovision 16.3 18.7 1.7 5.8	othe ed ons % % % % %
A. B. C. D. E. F.	F EXPESUPPO elopme forting in the conting us continuous con	ost Modificamples be SNSE CON RTING IN The of Expension o	stion Expression Expenses Ses & Fees Profit & Con)	ARE UTILIZ ON. DO NO s Ratio. (A	ZED, ATTA	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3 18.7 1.7 5.8 42.5	othe ed ons
A. B. C. D. E. A. Expe	F EXPESUPPO elopme porting in To Ge Ta: Un Otto	ost Modificamples be SNSE CON RTING IN The of Expension o	stion Expression Experiences enter Loss cition Experiences enses E	ARE UTILIZ ON. DO NO s Ratio. (A nse S Contingence % - 3F =	ZED, ATTA	ETE ITEMS	S 3-7 BEI	LOW.	e data a	MENT nd/or Selector ovision 16.3 18.7 1.7 5.8 42.5	Γ" OI othe

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.3%

	r Name:	Hartford Fire Insurance Company Date:	1/14/20	
NAIC	Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
	-	e, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: TTT Collision		
	The ins	Modification: urer hereby files to adopt the prospective loss costs in the captioned reference (CONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification of the modification. 0.0%	_	attach
В.	. Loss C	ost Modification Expressed as a Factor:	1.000	ı
OTHE 3. D	R SUPPO evelopme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPERTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense deformation.)		othei ed
A.	To	tal Production Expense	16.3	%
B.		neral Expenses	18.7	%
C		kes, Licenses & Fees	1.7	%
D.		derwriting Profit & Contingencies		%
E.		ner (explain)	5.8	//
F.		• • •	40.5	//
<u> </u> F.	10	TAL	42.5	/0
/ Δ E	vnected L	oss Ratio: ELR = 100% - 3F =	57.5	%
		mal form =	0.575	
4 D. LI	LK III deci	IIIdi IOIIII =	0.575	
5. C	ompany F	ormula Loss Cost Multiplier: (2B ÷ 4B) =	1.739	
		elected Loss Cost Multiplier =	1.739	
		differences between 5 and 6:		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.7%

_	Surer Name: Hartford Fire I	Insurance Company	Date:	1/14/20	
INA	SUM	INSURER RATE FILING ADOPTION OF ADVISORY ORGAI PROSPECTIVE LOSS COS MARY OF SUPPORTING INFOR	TS RMATION FORM		
1.		e, Territory, Class, etc. combination to whePPT Liability and Medical Payments	nich this page applies:		
2.	A. The insurer hereby (CHECK ONE) Without mo With the f supporting 74.0%	files to adopt the prospective loss costs odification (factor = 1.000) following modification(s). Cite the natural data and/or rationale for the modification	ure and percent modific	-	attach
	See supporting	ng exhibits			
NC	OTE: IE EYPENSE CONS	STANTS ARE UTILIZED, ATTACH "EX	PENSE CONSTANT SI	IDDI EMENT	., OB
ОТ 3.	THER SUPPORTING INFO	ORMATION. DO NOT COMPLETE ITE eted Loss Ratio. (Attach exhibit deta	MS 3-7 BELOW.	data and/or	other
	THER SUPPORTING INFO	ORMATION. DO NOT COMPLETE ITE eted Loss Ratio. (Attach exhibit deta	MS 3-7 BELOW.	data and/or Selecte	other ed
	THER SUPPORTING INFO	ORMATION. DO NOT COMPLETE ITE	MS 3-7 BELOW.	data and/or Selecto Provisio	other ed ons
	Development of Expect supporting information.) A. Total Producti	ORMATION. DO NOT COMPLETE ITE cted Loss Ratio. (Attach exhibit deta	MS 3-7 BELOW.	data and/or Selector Provision 16.3	other ed ons %
	Development of Expect supporting information.) A. Total Production. B. General Exper	ormation. Do not complete ite ted Loss Ratio. (Attach exhibit deta on Expense nses	MS 3-7 BELOW.	Selecte Provision 16.3 18.7	other ed ons %
	Development of Expensions information.) A. Total Production B. General Expensions.	ormation. Do not complete ite ted Loss Ratio. (Attach exhibit deta on Expense nses es & Fees	MS 3-7 BELOW.	Selecte Provision 16.3 18.7 1.7	other ed ons % %
	Development of Expect supporting information.) A. Total Producti B. General Expert C. Taxes, License D. Underwriting F	ormation. Do not complete ite cted Loss Ratio. (Attach exhibit deta on Expense nses es & Fees Profit & Contingencies	MS 3-7 BELOW.	Selecte Provision 16.3 18.7	other ed ons % % % %
	Development of Expersupporting information.) A. Total Producti B. General Expers C. Taxes, License D. Underwriting F E. Other (explain	ormation. Do not complete ite cted Loss Ratio. (Attach exhibit deta on Expense nses es & Fees Profit & Contingencies	MS 3-7 BELOW.	Selecte Provision 16.3 18.7 1.7 2.5	other ed ons % %
	Development of Expect supporting information.) A. Total Producti B. General Expert C. Taxes, License D. Underwriting F	ormation. Do not complete ite cted Loss Ratio. (Attach exhibit deta on Expense nses es & Fees Profit & Contingencies	MS 3-7 BELOW.	Selecte Provision 16.3 18.7 1.7	other ed ons % % % % %
3.	Development of Expensions information.) A. Total Producti B. General Expension C. Taxes, Licension D. Underwriting F. E. Other (explain) F. TOTAL	ormation. Do not complete ite cted Loss Ratio. (Attach exhibit deta on Expense nses es & Fees Profit & Contingencies)	MS 3-7 BELOW.	Selecte Provision 16.3 18.7 1.7 2.5	other ed ons % % % % %
3. 4 A	Development of Expersupporting information.) A. Total Producti B. General Expers C. Taxes, License D. Underwriting F E. Other (explain	ormation. Do not complete ite cted Loss Ratio. (Attach exhibit deta on Expense nses es & Fees Profit & Contingencies)	MS 3-7 BELOW.	Selecte Provision 16.3 18.7 1.7 2.5	other ed ons % % % % % %
3. 4 A	Development of Expersupporting information.) A. Total Producti B. General Expers C. Taxes, License D. Underwriting F E. Other (explain F. TOTAL A. Expected Loss Ratio: El B. ELR in decimal form =	on Expense nses es & Fees Profit & Contingencies) LR = 100% - 3F = c Cost Multiplier: (2B ÷ 4B) = c Cost Multiplier =	MS 3-7 BELOW.	Selecte Provision 16.3 18.7 1.7 2.5 39.2	other ed ons % % % % % %

- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Ins	urer Name:	Hartford Fire Insurance Company Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		e, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: PPT Other Than Collision		
2.	(CH <u>EC</u>	Modification: urer hereby files to adopt the prospective loss costs in the captioned reference (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification (supporting data and/or rationale for the modification. 30.0% See supporting exhibits	-	attach
	B Loss C	ost Modification Expressed as a Factor:	1.300)
	HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUF ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense dan Information.)	ata and/or Select	other
	A. To	tal Production Expense	Provisi 16.3	ons %
		neral Expenses	18.7	%
		xes, Licenses & Fees	1.7	%
		derwriting Profit & Contingencies	5.8	%
		ner (explain)	0.0	%
	-	TAL	42.5	%
	10	1716	72.0	
4 A	. Expected L	oss Ratio: ELR = 100% - 3F =	57.5	%
	B. ELR in deci		0.575	
5. 6.	Company S	ormula Loss Cost Multiplier: (2B ÷ 4B) = elected Loss Cost Multiplier = differences between 5 and 6:	2.261 2.261	
		amoronoco sotwoon o ana o.		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.6%

Ins	surer Name: Hartfo	ord Fire Insurance Company	Date:	1/14/20	
NA	IC Number: 19682	INSURER RATE FILING ADOPTION OF ADVISORY ORGA PROSPECTIVE LOSS COS SUMMARY OF SUPPORTING INFOR	INIZATION STS RMATION FORM		
1.		verage, Territory, Class, etc. combination to w obile: PPT Collision	hich this page applies:		
2.	(CHECK ONI With X With supp	nereby files to adopt the prospective loss costs (E) out modification (factor = 1.000) the following modification(s). Cite the nate orting data and/or rationale for the modification	ure and percent modific	-	attach
		odification Expressed as a Factor:		1.150	
	HER SUPPORTIN	CONSTANTS ARE UTILIZED, ATTACH "EXG INFORMATION. DO NOT COMPLETE ITE Expected Loss Ratio. (Attach exhibit detaation.)	EMS 3-7 BELOW.		other
				Provisi	
		oduction Expense		16.3	%
		Expenses		18.7	%
		icenses & Fees		1.7	%
		riting Profit & Contingencies		5.8	%
	E. Other (e	xplain)			%
	F. TOTAL			42.5	%
					0.1
		atio: ELR = 100% - 3F =		57.5	%
4 E	B.ELR in decimal fo	rm =		0.575	
5.	Company Formul	a Loss Cost Multiplier: (2B ÷ 4B) =		2.000	
6.		ed Loss Cost Multiplier =		2.000	
٠.		ences between 5 and 6:			

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

8.7%

_	urer Name:	Hartford Fire Insurance Company Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		e, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: Publics Liability and Medical Payments		
2.		Modification: urer hereby files to adopt the prospective loss costs in the captioned reference (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification (supporting data and/or rationale for the modification. 34.9%		attach
		See supporting exhibits		
	B. Loss Co	ost Modification Expressed as a Factor:	1.349)
	HER SUPPC Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUBPRING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense danger of the control		other
			Provisi	ons
	A. To	tal Production Expense	16.3	%
	B. Ge	neral Expenses	18.7	%
	C. Tax	xes, Licenses & Fees	1.7	%
	D. Un	derwriting Profit & Contingencies	2.5	%
	E. Otl	ner (explain)		%
	F. TO	TAL	39.2	%
			<u>l</u>	
4 A	. Expected Lo	oss Ratio: ELR = 100% - 3F =	60.8	%
4 B	.ELR in deci	mal form =	0.608	
5.	Company F	ormula Loss Cost Multiplier: (2B ÷ 4B) =	2.219	
6.		elected Loss Cost Multiplier =	2.219	
	Explain any	differences between 5 and 6:		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.7%

Insurer Name		e:1/14/20
NAIC Numbe	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FOR CALCULATION OF COMPANY LOSS COST MULTIPLIER	
	oline, Coverage, Territory, Class, etc. combination to which this page applial Automobile: Publics Other Than Collision	plies:
A. The	st Modification: insurer hereby files to adopt the prospective loss costs in the captioned ECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent supporting data and/or rationale for the modification. 20.5%	-
	See supporting exhibits	
B. Loss	Cost Modification Expressed as a Factor:	1.205
OTHER SUP 3. Developr	PENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTAPENSE CONSTAPENSE CONSTAPENSE CONSTAPENSE CONSTAPENSE CONSTAPENSE IN INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. ment of Expected Loss Ratio. (Attach exhibit detailing insurer expanse information.)	
	3	Selected
		Provisions
	Total Production Expense	16.3 %
	General Expenses	18.7 %
C	Taxes, Licenses & Fees	1.7 %
D. I	Underwriting Profit & Contingencies	5.8 %
E. (Other (explain)	%
F.	TOTAL	42.5 %
4 A. Expected	Loss Ratio: ELR = 100% - 3F =	57.5 %
4 B. ELR in de	ecimal form =	0.575
	y Formula Loss Cost Multiplier: (2B ÷ 4B) =	2.095
	y Selected Loss Cost Multiplier =	2.095
Explain a	any differences between 5 and 6:	

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

	er Name:	Hartford Fire Insurance Company Date:	1/14/20	
NAIC	Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
		e, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: Publics Collision		
	. The ins	Modification: Eurer hereby files to adopt the prospective loss costs in the captioned reference (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification data and/or rationale for the modification. 16.1%	-	ıttach
		See supporting exhibits		
В	. Loss C	ost Modification Expressed as a Factor:	1.161	
отне 3. d	ER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense information.)		other
			Provisio	
Α	. To	tal Production Expense	16.3	%
В		neral Expenses	18.7	%
С		xes, Licenses & Fees	1.7	%
D). Un	derwriting Profit & Contingencies	5.8	%
E	. Otl	her (explain)		%
F	. то	TAL	42.5	%
4 A.E	xpected L	oss Ratio: ELR = 100% - 3F =	57.5	%
4 B.E	LR in deci	mal form =	0.575	
6. C	Company S	formula Loss Cost Multiplier: (2B ÷ 4B) = selected Loss Cost Multiplier = differences between 5 and 6:	2.020	
_				

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.9%

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Uninsured Motorists 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and supporting data and/or rationale for the modification. 50.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or supporting information.) Select	NAIC Number	Hartford Fire Insurance Company Date:	1/14/20	
Commercial Automobile: Uninsured Motorists 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and supporting data and/or rationale for the modification. 50.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.500 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or supporting information.) Select Provision A. Total Production Expense 16.3 B. General Expenses 16.3 B. General Expenses 16.3 C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies 2.5 E. Other (explain) F. TOTAL 39.2		ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM	VI	
A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and supporting data and/or rationale for the modification. 50.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or supporting information.) Select Provisi. A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 39.2			es:	
B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or supporting information.) Select Provision A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4. Expected Loss Ratio: ELR = 100% - 3F = 60.8	A. The ins	surer hereby files to adopt the prospective loss costs in the captioned resets ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent n supporting data and/or rationale for the modification. 50.0%	-	ttach
NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or supporting information.) Select Provision A. Total Production Expense 16.3 B. General Expenses 18.7 C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies 2.5 E. Other (explain) F. TOTAL 39.2		ost Modification Expressed as a Factor:	1.500	
A. Total Production Expense 16.3 B. General Expenses 18.7 C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies 2.5 E. Other (explain) 5. F. TOTAL 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8	OTHER SUPPO 3. Developme	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. ent of Expected Loss Ratio. (Attach exhibit detailing insurer expe		
A. Total Production Expense 16.3 B. General Expenses 18.7 C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies 2.5 E. Other (explain) 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8			Salaata	
B. General Expenses 18.7 C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies 2.5 E. Other (explain) 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8			Selecte Provision	d
C. Taxes, Licenses & Fees 1.7 D. Underwriting Profit & Contingencies 2.5 E. Other (explain) 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8	A. To	tal Production Expense	Provision	d ns
D. Underwriting Profit & Contingencies 2.5 E. Other (explain) 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8			Provision 16.3	d ns %
E. Other (explain) F. TOTAL 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8	B. Ge	eneral Expenses	16.3 18.7	d ns %
F. TOTAL 39.2 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8	B. Ge C. Ta	eneral Expenses xes, Licenses & Fees	16.3 18.7 1.7	d ns % %
	B. Ge C. Ta D. Ur	eneral Expenses xes, Licenses & Fees iderwriting Profit & Contingencies	16.3 18.7 1.7	d ns % % %
	B. Ge C. Ta D. Ur E. Ot	eneral Expenses xes, Licenses & Fees iderwriting Profit & Contingencies her (explain)	16.3 18.7 1.7 2.5	d ns % %
4 B. ELR in decimal form = 0.608	B. Ge C. Ta D. Ur E. Ot	eneral Expenses xes, Licenses & Fees iderwriting Profit & Contingencies her (explain)	16.3 18.7 1.7 2.5	d ns % % % %
	B. Ge C. Ta D. Ur E. Ot F. TC	eneral Expenses xes, Licenses & Fees iderwriting Profit & Contingencies her (explain) OTAL coss Ratio: ELR = 100% - 3F =	Provision 16.3 18.7 1.7 2.5 39.2	% % % % %
5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.467 6. Company Selected Loss Cost Multiplier = 2.467 Explain any differences between 5 and 6:	B. Ge C. Ta D. Ur E. Ot F. TC	eneral Expenses xes, Licenses & Fees iderwriting Profit & Contingencies her (explain) OTAL coss Ratio: ELR = 100% - 3F =	Provision 16.3 18.7 1.7 2.5 39.2	d ns % % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

1.4%

Ins	surer Name:	Hartford Fire Insurance Company	Date:1/14/20	
NA	dC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION F CALCULATION OF COMPANY LOSS COST MULTIPLE	_	
1.		ne, Coverage, Territory, Class, etc. combination to which this page Automobile: Garages & Statewide Misc. Rates	applies:	
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captions: K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and perces supporting data and/or rationale for the modification. 2.0%	•	ittach
		See supporting exhibits		
	(See expended of the control of the	cost Modification Expressed as a Factor: examples below.) ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANTS OF CONSTANTS OF COMPLETE ITEMS 3-7 BELOW Ent of Expected Loss Ratio. (Attach exhibit detailing insurer information.)	W.	
	Supporting	illioittatioit.)	Selecte	d
			Provisio	
	A. To	tal Production Expense		ns
	B. Ge		16.3	<u>ns</u> %
		•	16.3 18.7	
		eneral Expenses		%
	1D. UI	eneral Expenses xes, Licenses & Fees	18.7 1.7	% %
		eneral Expenses exes, Licenses & Fees nderwriting Profit & Contingencies	18.7	% % %
	E. Ot	eneral Expenses Expenses & Fees Expenses & Contingencies Explain	18.7 1.7 2.5	% % % %
	E. Ot	eneral Expenses exes, Licenses & Fees nderwriting Profit & Contingencies	18.7 1.7	% % %
<u> </u>	E. Ot F. TO	eneral Expenses expenses & Fees 18.7 1.7 2.5 39.2	% % % % %	
	E. Ot F. TO	eneral Expenses Exces, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & Conti	18.7 1.7 2.5 39.2	% % % %
4 E	E. Ot F. TO A. Expected L 3. ELR in deci	eneral Expenses Exces, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & Conti	18.7 1.7 2.5 39.2 60.8 0.608	% % % % %
4 E 5.	E. Ot F. TO A. Expected L B. ELR in deci	eneral Expenses Exces, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & Conti	18.7 1.7 2.5 39.2	% % % % %
	E. Ott F. TO A. Expected L B. ELR in deci Company F Company S	eneral Expenses Exces, Licenses & Fees Inderwriting Profit & Contingencies Inderwriting Profit & Conti	18.7 1.7 2.5 39.2 60.8 0.608	% % % % %

Ins	urer Name:	Hartford Fire Insurance Company	Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATI CALCULATION OF COMPANY LOSS COST MU	ON FORM		
1.		ne, Coverage, Territory, Class, etc. combination to which this Automobile: TTT Personal Injury Protection	s page applies:		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the common K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and supporting data and/or rationale for the modification. -13.3%		-	attach
		See supporting exhibits			
	TE: IF EXPE HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 nt of Expected Loss Ratio. (Attach exhibit detailing information.)	BELOW.		
				Selecte	
				Provision	
		tal Production Expense		16.3	%
		neral Expenses		18.7	%
		xes, Licenses & Fees		1.7	%
		derwriting Profit & Contingencies		2.5	%
		her (explain)			%
	F. TO	TAL		39.2	%
4 <i>P</i>	A. Expected L	oss Ratio: ELR = 100% - 3F =		60.8	%
4 E	B.ELR in deci	mal form =		0.608	
5. 6.	Company S	Formula Loss Cost Multiplier: (2B ÷ 4B) = Selected Loss Cost Multiplier = or differences between 5 and 6:		1.426 1.426	

- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

	surer Name:		ate: 1/14/2	20
N <i>F</i>	AIC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FO CALCULATION OF COMPANY LOSS COST MULTIPLIE		
1.		ne, Coverage, Territory, Class, etc. combination to which this page a Automobile: PPT Personal Injury Protection	pplies:	
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent supporting data and/or rationale for the modification. -4.1%	_	d attach
		See supporting exhibits		
		xamples below.)		
01	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONST DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW ont of Expected Loss Ratio. (Attach exhibit detailing insurer ex information.)	٧.	
	THER SUPPO Developme	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW	V. xpense data and/ Sele	or other
01	Developme supporting	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW int of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.)	v. xpense data and/ Sele Prov	or other
01	Developme supporting	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW ont of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) tal Production Expense	v. xpense data and/ Sele Prov 16.3	or other
01	Developme supporting A. To B. Ge	ont of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) Ital Production Expense Eneral Expenses	v. xpense data and/ Sele Prov 16.3 18.7	or other
01	Developme supporting A. To B. Ge C. Ta	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW int of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) tal Production Expense eneral Expenses xes, Licenses & Fees	xpense data and/ Sele Prov 16.3 18.7	or other
01	A. To B. Ge C. Ta D. Un	ont of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) tal Production Expense eneral Expenses xes, Licenses & Fees iderwriting Profit & Contingencies	v. xpense data and/ Sele Prov 16.3 18.7	for other
01	A. To B. Ge C. Ta D. Un E. Ot	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW int of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) tal Production Expense eneral Expenses xes, Licenses & Fees	xpense data and/ Sele Prov 16.3 18.7	for other
01	A. To B. Ge C. Ta D. Un E. Ot	control of Expected Loss Ratio. (Attach exhibit detailing insurer extinformation.) Ital Production Expense Internal Expenses Internal Exp	V. xpense data and/ Sele Prov 16.3 18.7 1.7 2.5	for other
O1 3.	A. To B. Ge C. Ta D. Un E. Ot	control of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) Ital Production Expense Internal Expenses Internal Expe	xpense data and/ Sele Prov 16.3 18.7 1.7 2.5	or other
O1 3.	A. To B. Ge C. Ta D. Un E. Ot F. TO A. Expected L B. ELR in deci	control of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) Ital Production Expense Internal Expenses Internal Expe	V. xpense data and/ Sele Prov 16.3 18.7 1.7 2.5 39.2	for other ected isions % % % % % % % % % % % % % % % % % % %

_	surer Name: Hartford Fire Insurance Company Date:	1/14/20	
NA	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER	Λ	
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applied Commercial Automobile: Publics Personal Injury Protection	es:	
2.	A. The insurer hereby files to adopt the prospective loss costs in the captioned ref (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent m supporting data and/or rationale for the modification. 23.8%	-	attach
	See supporting exhibits B. Loss Cost Modification Expressed as a Factor:		
	(See examples below.)		
	DTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANTIFIER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expensupporting information.)		othe
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper	nse data and/or	othei ed
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper	nse data and/or Select o	othei ed
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper supporting information.)	nse data and/or Selecto Provisio	other ed ons
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper supporting information.) A. Total Production Expense	nse data and/or Selector Provision 16.3	othered ons
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper supporting information.) A. Total Production Expense B. General Expenses	Selector Provision 16.3 18.7	othered ons %
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	Selecte Provisio 16.3 18.7 1.7	other ed ons % %
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain)	Selector Provision 16.3 18.7 1.7 2.5	other ed ons % % %
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Selecte Provisio 16.3 18.7 1.7	other ed ons % % % %
ОТ 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Selecte Provisio 16.3 18.7 1.7 2.5	other ed ons % % % %
OT 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2	other
OT 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Selecte Provisio 16.3 18.7 1.7 2.5	other
OT 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2	other
3. 4 <i>A</i> 4 E	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form =	Selector Provision 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other
OT 3.	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form = Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other
3. 4 <i>A</i> 4 E	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = B. ELR in decimal form = Company Formula Loss Cost Multiplier: (2B ÷ 4B) = Company Selected Loss Cost Multiplier =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other

- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

State Note

Colorado This is a generic form that cannot be used for Colorado because Colorado is an exempt state

Washington This form must be modified to incorporate the Deviation Table, which can be found in the prior LC Adoption

filing, at the bottom of the Input worksheet

Step 1	Review "Notes" worksheet for state specific guidelines
Step 2	Update Link to your state indications file
Step 3	Ascertain companies for your state from prior filing
Step 4	Remove the companies not in your state from Company Box
Step 5	Ascertain PIP status for your state from prior filing
Step 6	Delete PIP worksheet(s) not in your state
Step 7	Update PIP status in Sheets to Print
Step 8	Ascertain UM status from prior filing
Step 9-A	If One (1) UM: Delete sheets "PPT UM" & "NotPPT UM"
Step 9-B	If Two (2) or more UM: Delete sheet "UM"
Step 10	Update UM print status in Sheets to Print
Step 11	Manually input info. wherever font is blue
Step 12	For each worksheet-Place checkmark in appropriate Loss Cost Modification box (C9 or C10)
Step 13	Ensure name of company & coverage on each worksheet is correct.
Step 14	Hi-Light sheets that need to be printed
Step 15	Choose File ->Print->Print Active Sheets

#NAME?

1/12/2019

2.6%

Proposed Effective Date

*Prior Rate Level Change

*Effective Date

		Sheets to F	Print	
Page1	YES	Publics LIAB	YES	
TTT LIAB	YES	Publics OTC	YES	
TTT OTC	YES	Publics COLL	YES	
TTT COLL	YES	Garages	YES	
PPT LIAB	YES	TTT PIP	YES	
PPT OTC	YES	PPT PIP	YES	
PPT COLL	YES	Publics PIP	YES	
UM	YES			
PPT UM	YES			
NotPPT UM	YES			

Person Responsible for filing Title Phone # Line of Insurance	Santhi Sulochanannair Commercial Auto Actuarial 860-547-4538 Commercial Automobile	
Rating Org. Ref. Filing #	CA-2018-BRLA1	
Keep Modifiers on File Modifiers on File this Filing Only	Check One	
Input Company Code	3	
Date Filing Submission	1/14/2020	_
Proposed Rate Level Change	6.1%	

*Find in prior filing - Exhibit 1 Sheet 1

*Find in prior filing - Exhibit 1 Sheet 1

Company Box						
Code	Code NAIC # Name					
1	19682	Hartford Fire Insurance Company				
2	30104	Hartford Underwriters Insurance Company				
3	37478	Hartford Insurance Company of the Midwest				
4	29424	Hartford Casualty Insurance Company				
5	29459	Twin City Fire Insurance Company				
6	34690	Property & Casualty Insurance Company of Hartford				

						Ī		
				Loss Cost Mod Factor	Prem. Level Change			
Vehicle Type		Coverage		Prop	Prop	ļ		
TTT	Liability / Medical Paym	ents / Hired Auto Liability		1.750	4.1%	ļ		
	Other Than Collision			1.120	0.3%			
	Collision			1.000	4.7%			
	Personal Injury Protection	on		0.867	0.0%			
	Uninsured Motorists			1.500	1.4%			
PPT	Liability and Medical Pa	yments		1.740	3.4%	•		
	Other Than Collision			1.300	0.6%			
	Collision			1.150	8.7%			
	Personal Injury Protecti	on		0.959	0.0%			
	Uninsured Motorists			1.500	1.4%			
Publics	Liability and Medical Pa	yments		1.349	4.7%	İ		
	Other Than Collision Collision Personal Injury Protection			1.205	0.0%			
				1.161	4.9%			
				1.238	0.0%			
	Uninsured Motorists		1.500	1.4%		Impact ISO	Prem. Level Chang	
Garages &	PL	&LAE/R		LC Mo	d Factor	LC Mod	Base LC	
Statewide Misc.	Current	Prop	ELR Change	Current	Prop	Change	Change	Prop
Rates	59.6%	60.8%	-0.020	1.000	1.020	0.020	0.00%	0.09

Expense	Lia/UM	OTC	Coll	PIP
Commission	16.3%	16.3%	16.3%	16.3%
Other U/W	18.7%	18.7%	18.7%	18.7%
Tax,Lic,Fee	1.7%	1.7%	1.7%	1.7%
Profit	2.5%	5.8%	5.8%	2.5%
Total	39.2%	42.5%	42.5%	39.2%
PL&LAE/R	60.8%	57.5%	57.5%	60.8%

Space Reserved for Insurance				
Department use				

Date:	01/14/20
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INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

ADDRESS One Hartford Plaza Hartford, CT 06155 PERSON RESPONSIBLE FOR FILING Santhi Sulochanannair TITLE Commercial Auto Actuarial TELEPHONE # 860-547-4538 LINSURER NAIC # 37478 LINSURER NAIC # 37478 LINSURANCE Commercial Automobile A ADVISORY ORGANIZATION Insurance Services Office, Ins. ADVISORY ORGANIZATION REFERENCE FILING # CA-2018-BRLA1 The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted, as its own filing, the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments. PROPOSED RATE LEVEL CHANGE B. PRIOR RATE LEVEL CHANGE C.6% EFFECTIVE DATE #NAME? ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (Use a separate Summary for each insurer-selected loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs for this effective until disapproved by the Commissioner, or amended or withdrawn by the insurer. X The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.	1.	INSURER NAME	Hartford Insurance Com	npany of the Midv	vest		
PERSON RESPONSIBLE FOR FILING TITLE Commercial Auto Actuarial TELEPHONE # 860-547-4538 3. LINE OF INSURANCE Commercial Automobile 4. ADVISORY ORGANIZATION Insurance Services Office, Ins. 5. ADVISORY ORGANIZATION REFERENCE FILING # CA-2018-BRLA1 6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted, as its own filing, the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments. 7. PROPOSED RATE LEVEL CHANGE 8. PRIOR RATE LEVEL CHANGE 9. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (Use a separate Summary for each insurer-selected loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer. X. The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants or effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.		ADDRESS	One Hartford Plaza				
TITLE Commercial Auto Actuarial TELEPHONE # 860-547-4538 2. INSURER NAIC # 37478 3. LINE OF INSURANCE Commercial Automobile 4. ADVISORY ORGANIZATION Insurance Services Office, Ins. 5. ADVISORY ORGANIZATION REFERENCE FILING # CA-2018-BRLA1 6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted, as its own filing, the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments. 7. PROPOSED RATE LEVEL CHANGE 6.1% EFFECTIVE DATE #NAME? 8. PRIOR RATE LEVEL CHANGE 2.6% EFFECTIVE DATE 1/12/2019 9. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (Use a separate Summary for each insurer-selected loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer. X The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants			Hartford, CT 06155				
TITLE Commercial Auto Actuarial TELEPHONE # 860-547-4538 2. INSURER NAIC # 37478 3. LINE OF INSURANCE Commercial Automobile 4. ADVISORY ORGANIZATION Insurance Services Office, Ins. 5. ADVISORY ORGANIZATION REFERENCE FILING # CA-2018-BRLA1 6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted, as its own filing, the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments. 7. PROPOSED RATE LEVEL CHANGE 6.1% EFFECTIVE DATE #NAME? 8. PRIOR RATE LEVEL CHANGE 2.6% EFFECTIVE DATE 1/12/2019 9. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (Use a separate Summary for each insurer-selected loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer. X The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants							
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Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Liability / Medical Payments / Hired Auto Liability
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach

supporting data and/or rationale for the modification.

75.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.750

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected
Provisions

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.878

6. Company Selected Loss Cost Multiplier = 2.878

Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	4.1%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20

NAIC Number: 37478

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Other Than Collision
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach

supporting data and/or rationale for the modification.

12.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.120

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected	
Provisions	
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A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.948
 6. Company Selected Loss Cost Multiplier = 1.948
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.3%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: TTT Collision

2. Loss Cost Modification:

B. Loss Cost Modification Expressed as a Factor:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

	/	
X	Without modification (factor = 1.000)	
	With the following modification(s). Cite the nature and percent modification and supporting data and/or rationale for the modification.	attach
	0.0%	

1.000

(See examples below.)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

A.	Total Production Expense		16.3	%
B.	General Expenses		18.7	%
C.	Taxes, Licenses & Fees		1.7	%
D.	Underwriting Profit & Contingencies		5.8	%
E.	Other (explain)			%
F.	TOTAL		42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

5.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	1.739
6.	Company Selected Loss Cost Multiplier =	1.739
	Explain any differences between 5 and 6:	

7.	Rate level change for the coverages to which this page applies	4.7%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Liability and Medical Payments
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s).

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

74.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.740

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

		Provision	ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.862
 Company Selected Loss Cost Multiplier = 2.862
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	3.4%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Other Than Collision
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

30.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.300

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

			ons
•	Total Production Expense	16.3	%
	General Expenses	18.7	%
	Tayon Lineares 9 Fore	4 -	0/

О.	General Expenses	18.7	/0
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.261

6. Company Selected Loss Cost Multiplier = 2.261
Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.6%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
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NAIC Number: 37478

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: PPT Collision

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

15.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.150

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected	
Provisions	

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.000
 Company Selected Loss Cost Multiplier = 2.000
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	8.7%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Liability and Medical Payments
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

34.9%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.349

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected	
Provisions	
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A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.219
 Company Selected Loss Cost Multiplier = 2.219
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	4.7%	ı

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Other Than Collision
- 2. Loss Cost Modification:

F.

TOTAL

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach

supporting data and/or rationale for the modification.

20.5%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.205

%

42.5

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

		Provision	ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.095
 Company Selected Loss Cost Multiplier = 2.095
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: Publics Collision

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

1.161

16.1%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor:

(See examples below.)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

		Provisi	ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.020
 Company Selected Loss Cost Multiplier = 2.020
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	4.9%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: Uninsured Motorists

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

50.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.500

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected	
Provisions	

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.467

6. Company Selected Loss Cost Multiplier = 2.467
Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	1.4%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Garages & Statewide Misc. Rates
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

2.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.020

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected
Provisions

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.678

6. Company Selected Loss Cost Multiplier = 1.678
Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Personal Injury Protection
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

-13.3%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

0.867

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected
Provisions

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.426
 Company Selected Loss Cost Multiplier = 1.426
 Explain any differences between 5 and 6:

7	. Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Personal Injury Protection
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach

supporting data and/or rationale for the modification.

-4.1%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

0.959

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected
Provisions

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.577
 6. Company Selected Loss Cost Multiplier = 1.577
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Insurance Company of the Midwest	Date:	1/14/20
NAIC Number:	37478		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Personal Injury Protection

supporting data and/or rationale for the modification.

2. Loss Cost Modification:

F.

TOTAL

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach

23.8%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: 1.238
(See examples below.)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

			Provisions	
A.	Total Production Expense		16.3	%
B.	General Expenses		18.7	%
C.	Taxes, Licenses & Fees		1.7	%
D.	Underwriting Profit & Contingencies		2.5	%
E.	Other (explain)			%

%

39.2

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.036
 Company Selected Loss Cost Multiplier = 2.036
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

State Note

Colorado This is a generic form that cannot be used for Colorado because Colorado is an exempt state

Washington This form must be modified to incorporate the Deviation Table, which can be found in the prior LC Adoption

filing, at the bottom of the Input worksheet

Step 1	Review "Notes" worksheet for state specific guidelines
Step 2	Update Link to your state indications file
Step 3	Ascertain companies for your state from prior filing
Step 4	Remove the companies not in your state from Company Box
Step 5	Ascertain PIP status for your state from prior filing
Step 6	Delete PIP worksheet(s) not in your state
Step 7	Update PIP status in Sheets to Print
Step 8	Ascertain UM status from prior filing
Step 9-A	If One (1) UM: Delete sheets "PPT UM" & "NotPPT UM"
Step 9-B	If Two (2) or more UM: Delete sheet "UM"
Step 10	Update UM print status in Sheets to Print
Step 11	Manually input info. wherever font is blue
Step 12	For each worksheet-Place checkmark in appropriate Loss Cost Modification box (C9 or C10)
Step 13	Ensure name of company & coverage on each worksheet is correct.
Step 14	Hi-Light sheets that need to be printed
Step 15	Choose File ->Print->Print Active Sheets

Sheets to Print					
Page1	YES	Publics LIAB	YES		
TTT LIAB	YES	Publics OTC	YES		
TTT OTC	YES	Publics COLL	YES		
TTT COLL	YES	Garages	YES		
PPT LIAB	YES	TTT PIP	YES		
PPT OTC	YES	PPT PIP	YES		
PPT COLL	YES	Publics PIP	YES		
UM	YES				
PPT UM	YES				
NotPPT UM	YES				

Person Responsible for filing	Santhi Sulochanannair		
Title	Commercial Auto Actuarial		
Phone #	860-547-4538		
Line of Insurance	Commercial Automobile		
Rating Org. Ref. Filing #	CA-2018-BRLA1		
Keep Modifiers on File Modifiers on File this Filing Only	Check One		
Input Company Code	2		
Date Filing Submission	1/14/2020		<u> </u>

	Company Box				
Code	NAIC#	Name			
1	19682	Hartford Fire Insurance Company			
2	30104	Hartford Underwriters Insurance Company			
3	37478	Hartford Insurance Company of the Midwest			
4	29424	Hartford Casualty Insurance Company			
5	29459	Twin City Fire Insurance Company			
6	34690	Property & Casualty Insurance Company of Hartford			

*Prior Rate Level Change 2.6% *Find in prior filing - Exhibit 1 Sheet 1
*Effective Date 1/12/2019 *Find in prior filing - Exhibit 1 Sheet 1

6.1%

#NAME?

Proposed Rate Level Change

Proposed Effective Date

						Ī		
				Loss Cost Mod Factor	Prem. Level Change			
Vehicle Type		Coverage		Prop	Prop	ļ		
TTT	Liability / Medical Paym	ents / Hired Auto Liability		1.750	4.1%	ļ		
	Other Than Collision			1.120	0.3%			
	Collision Personal Injury Protection Uninsured Motorists Liability and Medical Payments			1.000	4.7%			
				0.867	0.0%			
				1.500	1.4%			
PPT				1.740	3.4%	•		
	Other Than Collision			1.300	0.6%			
	Collision			1.150	8.7%			
	Personal Injury Protecti	on		0.959	0.0%			
	Uninsured Motorists			1.500	1.4%			
Publics	Liability and Medical Pa	yments		1.349	4.7%	İ		
	Other Than Collision			1.205	0.0%			
	Collision			1.161	4.9%			
	Personal Injury Protection			1.238	0.0%			
	Uninsured Motorists			1.500	1.4%		Impact ISO	Prem. Level Chang
Garages &	PL	&LAE/R		LC Mo	d Factor	LC Mod	Base LC	
Statewide Misc.	Current	Prop	ELR Change	Current	Prop	Change	Change	Prop
Rates	59.6%	60.8%	-0.020	1.000	1.020	0.020	0.00%	0.09

Expense	Lia/UM	OTC	Coll	PIP
Commission	16.3%	16.3%	16.3%	16.3%
Other U/W	18.7%	18.7%	18.7%	18.7%
Tax,Lic,Fee	1.7%	1.7%	1.7%	1.7%
Profit	2.5%	5.8%	5.8%	2.5%
Total	39.2%	42.5%	42.5%	39.2%
PL&LAE/R	60.8%	57.5%	57.5%	60.8%

Space Reserved for Insurance					
Department use					

Date: 01/14/20	
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INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

1.	INSURER NAME	Hartford Underwriters In	nsurance Compai	ny		
	ADDRESS	One Hartford Plaza				
		Hartford, CT 06155				
	PERSON RESPONSIBLE FOR	RFILING	Santhi Sulocha	nannair		
	TITLE Commercia	al Auto Actuarial		TELEPHONE #	860-547-4538	
2.	INSURER NAIC #	30104				
3.	LINE OF INSURANCE	Commerci	ial Automobile			
4.	ADVISORY ORGANIZATION		Insurance Serv	vices Office, Ins.	_	
5.	ADVISORY ORGANIZATION F	REFERENCE FILING #		CA-2018-BRLA1		
					_	
6.	The above insurer hereby declar advisory organization for this lin				amed	
	independently submitted, as its		-		e Filing.	
	The insurer's rates will be the c	combination of the prospe	active loss costs a	and the loss cost multip	oliere	
	and, if utilized, the expense cor			and the 1033 cost main	лютэ	
7.	PROPOSED RATE LEVEL CH	ANGE	6.1%	EFFECTIVE DATE	#NAME?	
g	PRIOR RATE LEVEL CHANGE	=	2.6%	EFFECTIVE DATE	1/12/2019	
	ATTACH "SUMMARY OF SUP			LITEOTIVE DATE	1/12/2019	
9.	(Use a separate Summary for 6					
10.	CHECK ONE OF THE FOLLON		loop post multipl	ioro and if utilized over	oonaa aanatanta	
		er hereby files to have its able to future revisions o	•			
	• • • • • • • • • • • • • • • • • • • •	surance. The insurer's ra				
		ive loss costs and the ins			, ,	
	constants	s specified in the attachm	nents. The rates	will apply to policies w	ritten on or after the	
	effective	date of the advisory orga	nization's prospe	ctive loss costs. This	authorization is	
	effective	until disapproved by the	Commissioner, o	r amended or withdrav	n by the insurer.	
	X The insure	er hereby files to have its	loss cost multipl	iers and, if utilized, exp	pense constants	
	be applic	able only to the above A	dvisory Organizat	ion Reference Filing.		

	urer Name: Hartford Underwriters Insurance Company Date:	1/14/20					
NΑ	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER						
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Liability / Medical Payments / Hired Auto Liability						
2.	 Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attack supporting data and/or rationale for the modification. 						
	See supporting exhibits						
	B. Loss Cost Modification Expressed as a Factor:	1.750					
	(See examples below.)						
	TE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense of supporting information.)	data and/or	other				
		Selecto Provisio					
	A. Total Production Expense	16.3	% %				
	A. Total Production Expense B. General Expenses	18.7	%				
	C. Taxes, Licenses & Fees	1.7	%				
	D. Underwriting Profit & Contingencies	2.5	%				
	E. Other (explain)	2.5	70				
	F. TOTAL	39.2	%				
	I. IOIAL	39.2	70				
4 <i>F</i>	A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%				
_	B. ELR in decimal form =	0.608					
5.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	2.878					
6.	Company Selected Loss Cost Multiplier =	2.878					

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

4.1%

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Other Than Collision
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

With the following modification(s)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

12.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.120

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected
Provisions

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.948
 Company Selected Loss Cost Multiplier = 1.948
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.3%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104		

SUMMARY OF SUPPORTING INFORMATION FORM

	CALCULATION OF COMPANY LOSS COST MULTIPLIER
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Collision
2.	Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attack supporting data and/or rationale for the modification. 0.0%
	B. Loss Cost Modification Expressed as a Factor: 1.000

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected

			ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

5.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	1.739
6.	Company Selected Loss Cost Multiplier =	1.739
	Explain any differences between 5 and 6:	

7.	Rate level change for the coverages to which this page applies	4.7%

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

(See examples below.)

Insurer Name:		Hartford Underwriters Insurance Company	Date:	1/14/20		
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION CALCULATION OF COMPANY LOSS COST MULTI				
1.		e, Coverage, Territory, Class, etc. combination to which this pa Automobile: PPT Liability and Medical Payments	ige applies:			
2.		Modification: Eurer hereby files to adopt the prospective loss costs in the capt K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and persupporting data and/or rationale for the modification.		C		
		See supporting exhibits				
		ost Modification Expressed as a Factor: camples below.)		1.740		
	NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.					
3.	•	nt of Expected Loss Ratio. (Attach exhibit detailing insure information.)	er expense da	ata and/or other		
				Selected Provisions		
	A. Tot	tal Production Expense		16.3 %		
	B. Ge	neral Expenses		18.7 %		

		Pro	Provision	
A.	Total Production Expense	10	6.3	%
B.	General Expenses	18	3.7	%
C.	Taxes, Licenses & Fees	1	.7	%
D.	Underwriting Profit & Contingencies	2	5	%
E.	Other (explain)			%
F.	TOTAL	39	9.2	%
Evne	octed Loss Ratio: FLR - 100% - 3F -	60	1 0	%

4 E	4 B. ELR in decimal form =	
5	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	2.862
	Company Selected Loss Cost Multiplier =	2.862
	Explain any differences between 5 and 6:	

7.	Rate level change for the coverages to which this page applies	3.4%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number	30104	•	

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: PPT Other Than Collision

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

30.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor:

(See examples below.)

1.300

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

		Provisi	ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.261
 6. Company Selected Loss Cost Multiplier = 2.261
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.6%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104	·	

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

- 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Collision
- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

15.0%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.150

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected
Provisions

A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.000
 Company Selected Loss Cost Multiplier = 2.000
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	8.7%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104	•	
	INSURER RATE FILING		
	ADOPTION OF ADVISORY ORGANIZATION		

CALCULATION OF COMPANY LOSS COST MULTIPLIER

ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Liability and Medical Payments

_		_			
2	1 088	Cost	Mod	dification	١.

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

34.9%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

1.349

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected

			Provision	วทร
A.	Total Production Expense		16.3	%
B.	General Expenses		18.7	%
C.	Taxes, Licenses & Fees		1.7	%
D.	Underwriting Profit & Contingencies		2.5	%
E.	Other (explain)			%
F.	TOTAL		39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.219 Company Selected Loss Cost Multiplier = 2.219 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	4.7%

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104		
	INCLIDED D	ATE EILING	

ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: Publics Other Than Collision

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

20.5%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor: 1.205
(See examples below.)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

			Provisions	
A.	Total Production Expense	16.3	%	
B.	General Expenses	18.7	%	
C.	Taxes, Licenses & Fees	1.7	%	
D.	Underwriting Profit & Contingencies	5.8	%	
E.	Other (explain)		%	
F.	TOTAL	42.5	%	

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.095
 6. Company Selected Loss Cost Multiplier = 2.095
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104		
	INCLIDED D	ATE EILING	

ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: Publics Collision

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

16.1%

See supporting exhibits

B. Loss Cost Modification Expressed as a Factor:

1.161

B. Loss Cost Modification Expressed as a Factor: (See examples below.)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

 Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
 Selected

		Provisi	ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	5.8	%
E.	Other (explain)		%
F.	TOTAL	42.5	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	57.5	%
4 B. ELR in decimal form =	0.575	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.020
 Company Selected Loss Cost Multiplier = 2.020
 Explain any differences between 5 and 6:

-	7. Rate level change for the coverages to which this page applies	4.9%
I		

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20
NAIC Number:	30104		

SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
	Commercial Automobile: Uninsured Motorists

- 2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE)

Without modification (factor = 1.000)

With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification.

50.0%

B. Loss Cost Modification Expressed as a Factor:
(See examples below.)

1.500

Selected

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Provision	ons
A.	Total Production Expense	16.3	%
B.	General Expenses	18.7	%
C.	Taxes, Licenses & Fees	1.7	%
D.	Underwriting Profit & Contingencies	2.5	%
E.	Other (explain)		%
F.	TOTAL	39.2	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.467
 Company Selected Loss Cost Multiplier = 2.467
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	1.4%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Inst	urer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20	
NAI	C Number:	30104			
		INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATIO CALCULATION OF COMPANY LOSS COST MULT	N FORM		
1.		ne, Coverage, Territory, Class, etc. combination to which this p Automobile: Garages & Statewide Misc. Rates	age applies:		
2.		Modification: surer hereby files to adopt the prospective loss costs in the cap K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and p supporting data and/or rationale for the modification. 2.0%		_	attach
		See supporting exhibits			
		ost Modification Expressed as a Factor: kamples below.)		1.020	
		ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE C DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 B		PLEMENT	" OR
3.	•	nt of Expected Loss Ratio. (Attach exhibit detailing insuinformation.)	irer expense da	ata and/or	other
	Supporting.	mornation.,		Selecte	∍d
				Provisio	ons
	A. To	tal Production Expense		16.3	%
	B. Ge	neral Expenses		18.7	%
	C. Tax	xes, Licenses & Fees		1.7	%
	D. Un	derwriting Profit & Contingencies		2.5	%
	E. Otl	her (explain)			%

	•	raxee, Electrices a rece	1.7	, 0
	D.	Underwriting Profit & Contingencies	2.5	%
	E.	Other (explain)		%
	F.	TOTAL	39.2	%
4 A	. Expecte	ed Loss Ratio: ELR = 100% - 3F =	60.8	%
4 E	4 B. ELR in decimal form =		0.608	
5.	Compa	ny Formula Loss Cost Multiplier: (2B ÷ 4B) =	1.678	
6.	Compa	ny Selected Loss Cost Multiplier =	1.678	
	Explain	any differences between 5 and 6:		

7.	Rate level change for the coverages to which this page applies	0.0%
		•

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Insurer Name:	Hartford Underwriters Insurance Company	Date:	1/14/20		
NAIC Number:	30104				
INSURER RATE FILING					
	ADOPTION OF ADVISORY ORGANIZ	ZATION			
	PROSPECTIVE LOSS COSTS	j			
	SUMMARY OF SUPPORTING INFORM	IATION FORM			
	CALCULATION OF COMPANY LOSS COST	MULTIPLIER			
	ne, Coverage, Territory, Class, etc. combination to which Automobile: TTT Personal Injury Protection	h this page applies:			
2. Loss Cost N	Modification:				
	surer hereby files to adopt the prospective loss costs in	the captioned referenc	e filing:		
(CHEC	KONE)	·	· ·		
	Without modification (factor = 1.000)				
X	With the following modification(s). Cite the nature	and percent modific	ation and attach		
	supporting data and/or rationale for the modification.				
	-13.3%				
	See supporting exhibits				
B. Loss C	ost Modification Expressed as a Factor:		0.867		
(See ex	xamples below.)				
NOTE: IF EXP	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPE	NSE CONSTANT SU	PPLEMENT" OR		
OTHER SUPPO	OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.				
•	ent of Expected Loss Ratio. (Attach exhibit detailin information.)	ig insurer expense d	ata and/or other		
Supporting	inonnation.)		Selected		
			Provisions		
A. To	tal Production Expense		16.3 %		

		Pro	visio	ns
A.	Total Production Expense	10	6.3	%
B.	General Expenses	18	3.7	%
C.	Taxes, Licenses & Fees	1	.7	%
D.	Underwriting Profit & Contingencies	2	5	%
E.	Other (explain)			%
F.	TOTAL	39	9.2	%
Evne	octed Loss Ratio: FLR - 100% - 3F -	60	1 0	%

4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%
4 B. ELR in decimal form =	0.608	

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.426
 6. Company Selected Loss Cost Multiplier = 1.426
 Explain any differences between 5 and 6:

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

	urer Name: IC Number:	Hartford Underwriters Insurance Company 30104 INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION	Date:	1/14/20	
		CALCULATION OF COMPANY LOSS COST MULTI	_		
1.		ne, Coverage, Territory, Class, etc. combination to which this pa Automobile: PPT Personal Injury Protection	ige applies:		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the capt (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and possible supporting data and/or rationale for the modification. 4.1% See supporting exhibits		·	attach
		ost Modification Expressed as a Factor: xamples below.)		0.959	
		ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CO DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BE		JPPLEMENT	" OR
3.	•	ent of Expected Loss Ratio. (Attach exhibit detailing insur- information.)	er expense		
				Selecte	
	A. To	tel Buedinsking Fungues		Provisio	ons %
		ental Production Expense eneral Expenses		16.3	<u> </u>
		xes, Licenses & Fees		18.7	%
		nderwriting Profit & Contingencies		2.5	%
		her (explain)		2.3	%
	-	OTAL		39.2	%

4 A	a. Expected Loss Ratio: ELR = 100% - 3F =	60.8	%	
4 E	B. ELR in decimal form =	0.608		
5. 6.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) = Company Selected Loss Cost Multiplier =	1.577 1.577		
0.	Explain any differences between 5 and 6:			
7.	Rate level change for the coverages to which this page applies	0.0%		

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

	urer Name:	Hartford Underwriters Insurance Company Date:	1/14/20	
NAI	C Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.	•	ne, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: Publics Personal Injury Protection		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned refere K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modi supporting data and/or rationale for the modification. 23.8%	-	attach
		See supporting exhibits		
		ost Modification Expressed as a Factor: xamples below.)	1.238	
		ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT S DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.	UPPLEMENT	ſ" OR
3.	•	ent of Expected Loss Ratio. (Attach exhibit detailing insurer expense information.)		
	• • -	,	Selecte	
	A T.	tal Bus direction Frances	Provisio	ons %
		tal Production Expense	16.3	%
		eneral Expenses xes, Licenses & Fees	18.7	%
		derwriting Profit & Contingencies	2.5	%
		her (explain)	2.3	%
	<u> </u>	National (Oxplain)		0/

E. Other (explain)	/0
F. TOTAL	39.2 %
4 A. Expected Loss Ratio: ELR = 100% - 3F =	60.8 %
4 B. ELR in decimal form =	0.608
Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	2.036
6. Company Selected Loss Cost Multiplier =	2.036
Explain any differences between 5 and 6:	
7 5 1 1 1 7 7	
7. Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

State Note

Colorado This is a generic form that cannot be used for Colorado because Colorado is an exempt state

Washington This form must be modified to incorporate the Deviation Table, which can be found in the prior LC Adoption

filing, at the bottom of the Input worksheet

Step 1	Review "Notes" worksheet for state specific guidelines
Step 2	Update Link to your state indications file
Step 3	Ascertain companies for your state from prior filing
Step 4	Remove the companies not in your state from Company Box
Step 5	Ascertain PIP status for your state from prior filing
Step 6	Delete PIP worksheet(s) not in your state
Step 7	Update PIP status in Sheets to Print
Step 8	Ascertain UM status from prior filing
Step 9-A	If One (1) UM: Delete sheets "PPT UM" & "NotPPT UM"
Step 9-B	If Two (2) or more UM: Delete sheet "UM"
Step 10	Update UM print status in Sheets to Print
Step 11	Manually input info. wherever font is blue
Step 12	For each worksheet-Place checkmark in appropriate Loss Cost Modification box (C9 or C10)
Step 13	Ensure name of company & coverage on each worksheet is correct.
Step 14	Hi-Light sheets that need to be printed
Step 15	Choose File ->Print->Print Active Sheets

#NAME?

1/12/2019

2.6%

Proposed Effective Date

*Prior Rate Level Change

*Effective Date

	Sheets to Print					
Page1	YES	Publics LIAB	YES			
TTT LIAB	YES	Publics OTC	YES			
TTT OTC	YES	Publics COLL	YES			
TTT COLL	YES	Garages	YES			
PPT LIAB	YES	TTT PIP	YES			
PPT OTC	YES	PPT PIP	YES			
PPT COLL	YES	Publics PIP	YES			
UM	YES					
PPT UM	YES					
NotPPT UM	YES					

Person Responsible for filing	Santhi Sulochanannair	
Title	Commercial Auto Actuarial	
Phone #	860-547-4538	
Line of Insurance	Commercial Automobile	
Rating Org. Ref. Filing #	CA-2018-BRLA1	
Keep Modifiers on File Modifiers on File this Filing Only	Check One	
Input Company Code	6	
Date Filing Submission	1/14/2020	_
Proposed Rate Level Change	6.1%	

*Find in prior filing - Exhibit 1 Sheet 1

*Find in prior filing - Exhibit 1 Sheet 1

Company Box							
Code NAIC# Name							
1	19682	Hartford Fire Insurance Company					
2	30104	Hartford Underwriters Insurance Com	pany				
3	37478	Hartford Insurance Company of the M	lidwest				
4	29424	Hartford Casualty Insurance Company					
5	29459	Twin City Fire Insurance Company					
6	34690	Property & Casualty Insurance Compa	any of Hartford				

						Ī		
				Loss Cost Mod Factor	Prem. Level Change			
Vehicle Type		Coverage		Prop	Prop	ļ		
TTT	Liability / Medical Paym	ents / Hired Auto Liability		1.750	4.1%	ļ		
	Other Than Collision			1.120	0.3%			
	Collision			1.000	4.7%			
	Personal Injury Protection	on		0.867	0.0%			
	Uninsured Motorists			1.500	1.4%			
PPT	Liability and Medical Pa	yments		1.740	3.4%	•		
	Other Than Collision	Other Than Collision			0.6%			
	Collision			1.150	8.7%			
	Personal Injury Protecti	on		0.959	0.0%			
	Uninsured Motorists			1.500	1.4%			
Publics	Liability and Medical Pa	yments		1.349	4.7%	İ		
	Other Than Collision				0.0%			
	Collision Personal Injury Protection Uninsured Motorists			1.161	4.9%			
				1.238	0.0%			
				1.500	1.4%		Impact ISO	Prem. Level Chang
Garages &	PL	&LAE/R		LC Mo	d Factor	LC Mod	Base LC	
Statewide Misc.	Current	Prop	ELR Change	Current	Prop	Change	Change	Prop
Rates	59.6%	60.8%	-0.020	1.000	1.020	0.020	0.00%	0.09

Expense	Lia/UM	OTC	Coll	PIP
Commission	16.3%	16.3%	16.3%	16.3%
Other U/W	18.7%	18.7%	18.7%	18.7%
Tax,Lic,Fee	1.7%	1.7%	1.7%	1.7%
Profit	2.5%	5.8%	5.8%	2.5%
Total	39.2%	42.5%	42.5%	39.2%
PL&LAE/R	60.8%	57.5%	57.5%	60.8%

Space Reserved for Insurance						
Department use						

Date: 01/14/20

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

1.	INSURER NAME	Property & Casualty I	nsurance Compar	ny of Hartford		
	ADDRESS	One Hartford Plaza				
		Hartford, CT 06155				
	PERSON RESPONSIBLE	FOR FILING	Santhi Suloch	nanannair		
	TITLE Comm	ercial Auto Actuarial		TELEPHONE #	860-547-4538	
2.	INSURER NAIC #	34690				
3.	LINE OF INSURANCE	Comme	rcial Automobile			
4.	ADVISORY ORGANIZATI	ON	Insurance Se	rvices Office, Ins.		
5.	ADVISORY ORGANIZATI	ON REFERENCE FILING #	‡	CA-2018-BRLA1		
		declares that it is a membe his line of insurance. The in			named	
	independently submitted, a	as its own filing, the prospe	ctive loss costs in	the captioned Referen	ce Filing.	
	The insurer's rates will be	the combination of the pros	pective loss costs	and the loss cost mul	ipliers	
	and, if utilized, the expense	e constants specified in the	attachments.			
7.	PROPOSED RATE LEVEL	_ CHANGE	6.1%	EFFECTIVE DATE	#NAME?	
8.	PRIOR RATE LEVEL CHA	NGE	2.6%	EFFECTIVE DATE	1/12/2019	
9.	ATTACH "SUMMARY OF	SUPPORTING INFORMAT	ION FORM"			
	(Use a separate Summary	for each insurer-selected le	oss cost multiplier	.)		
0.	CHECK ONE OF THE FO	LLOWING:				
	The i	nsurer hereby files to have	its loss cost multi	pliers and, if utilized, e	xpense constants	
		pplicable to future revisions	•			
		of insurance. The insurer's			, •	
	•	pective loss costs and the i		•	· •	
	constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is					
		ctive until disapproved by the	-			
	X The i	nsurer hereby files to have	its loss cost multi	pliers and, if utilized, e	xpense constants	
		pplicable only to the above				

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Liability / Medical Payments / Hired Auto Liability 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 75.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.750 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.878 6. Company Selected Loss Cost Multiplier = 2.878 Explain any differences between 5 and 6:

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.1%

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 12.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.120 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 5.8 E. % Other (explain) % F. **TOTAL** 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575

5. 6.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) = Company Selected Loss Cost Multiplier = Explain any differences between 5 and 6:	1.948 1.948
7.	Rate level change for the coverages to which this page applies	0.3%

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of

.90 (1.000 - .100) should be used.

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 0.0% B. Loss Cost Modification Expressed as a Factor: 1.000 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 5.8 E. % Other (explain) % F. **TOTAL** 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739 Company Selected Loss Cost Multiplier = 1.739

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

4.7%

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Liability and Medical Payments 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 74.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.740 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.862 6. Company Selected Loss Cost Multiplier = 2.862

7.	Rate level change for the coverages to which this page applies	3.4%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Example 2:

Explain any differences between 5 and 6:

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 30.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.300 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 % C. Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 5.8 E. % Other (explain) % F. **TOTAL** 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.261

Explain any differences between 5 and 6:	
7. Rate level change for the coverages to which this page applies	0.6%

2.261

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Company Selected Loss Cost Multiplier =

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 15.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.150 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 5.8 E. % Other (explain) % F. **TOTAL** 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.000

7.	Rate level change for the coverages to which this page applies	8.7%

2.000

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

6. Company Selected Loss Cost Multiplier =

Explain any differences between 5 and 6:

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Liability and Medical Payments 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 34.9% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.349 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.219 6. Company Selected Loss Cost Multiplier = 2.219

Example 1:	Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of
	.90 (1.000100) should be used.

4.7%

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Other Than Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 20.5% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.205 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 5.8 E. % Other (explain) % F. **TOTAL** 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.095 6. Company Selected Loss Cost Multiplier = 2.095

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of

0.0%

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

.90 (1.000 - .100) should be used.

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 16.1% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.161 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 % C. Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 5.8 E. % Other (explain) % F. **TOTAL** 42.5 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.020 6. Company Selected Loss Cost Multiplier = 2.020

7.	Rate level change for the coverages to which this page applies	4.9%

Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of Example 1: .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Uninsured Motorists 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 50.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.500 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.467 6. Company Selected Loss Cost Multiplier = 2.467

1.4%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Garages & Statewide Misc. Rates 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 2.0% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.020 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.678 6. Company Selected Loss Cost Multiplier = 1.678 Explain any differences between 5 and 6:

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.0%

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: TTT Personal Injury Protection 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. -13.3% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 0.867 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.426 Company Selected Loss Cost Multiplier = 1.426

7.	Rate level change for the coverages to which this page applies	0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: PPT Personal Injury Protection 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. -4.1% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 0.959 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.577 6. Company Selected Loss Cost Multiplier = 1.577 Explain any differences between 5 and 6:

7. Rate level change for the coverages to which this page applies 0.0%

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

Property & Casualty Insurance Company of Insurer Name: Date: Hartford 1/14/20 34690 NAIC Number: **INSURER RATE FILING** ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM **CALCULATION OF COMPANY LOSS COST MULTIPLIER** 1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Automobile: Publics Personal Injury Protection 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attach supporting data and/or rationale for the modification. 23.8% See supporting exhibits B. Loss Cost Modification Expressed as a Factor: 1.238 (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.) Selected **Provisions** % A. **Total Production Expense** 16.3 В. % **General Expenses** 18.7 C. % Taxes, Licenses & Fees 1.7 D. **Underwriting Profit & Contingencies** % 2.5 E. % Other (explain) % F. **TOTAL** 39.2 % 4 A. Expected Loss Ratio: ELR = 100% - 3F = 60.8 4 B. ELR in decimal form = 0.608 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 2.036 6. Company Selected Loss Cost Multiplier = 2.036

Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 - .100) should be used.

0.0%

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Explain any differences between 5 and 6:

Rate level change for the coverages to which this page applies

State Note

Colorado This is a generic form that cannot be used for Colorado because Colorado is an exempt state

Washington This form must be modified to incorporate the Deviation Table, which can be found in the prior LC Adoption

filing, at the bottom of the Input worksheet

Step 1	Review "Notes" worksheet for state specific guidelines
Step 2	Update Link to your state indications file
Step 3	Ascertain companies for your state from prior filing
Step 4	Remove the companies not in your state from Company Box
Step 5	Ascertain PIP status for your state from prior filing
Step 6	Delete PIP worksheet(s) not in your state
Step 7	Update PIP status in Sheets to Print
Step 8	Ascertain UM status from prior filing
Step 9-A	If One (1) UM: Delete sheets "PPT UM" & "NotPPT UM"
Step 9-B	If Two (2) or more UM: Delete sheet "UM"
Step 10	Update UM print status in Sheets to Print
Step 11	Manually input info. wherever font is blue
Step 12	For each worksheet-Place checkmark in appropriate Loss Cost Modification box (C9 or C10)
Step 13	Ensure name of company & coverage on each worksheet is correct.
Step 14	Hi-Light sheets that need to be printed
Step 15	Choose File ->Print->Print Active Sheets

6.1%

2.6%

#NAME?

1/12/2019

Proposed Rate Level Change

Proposed Effective Date

*Prior Rate Level Change

*Effective Date

		Sheets to	Print	
Page1	YES	Publics LIAB	YES	
TTT LIAB	YES	Publics OTC	YES	
TTT OTC	YES	Publics COLL	YES	
TTT COLL	YES	Garages	YES	
PPT LIAB	YES	TTT PIP	YES	
PPT OTC	YES	PPT PIP	YES	
PPT COLL	YES	Publics PIP	YES	
UM	YES			
PPT UM	YES			
NotPPT UM	YES			

Person Responsible for filing	Santhi Sulochanannair		
Title	Commercial Auto Actuarial		
Phone #	860-547-4538		
Line of Insurance	Commercial Automobile		
Rating Org. Ref. Filing #	CA-2018-BRLA1		
Keep Modifiers on File Modifiers on File this Filing Only	Check One		
Input Company Code Date Filing Submission	5 1/14/2020		

*Find in prior filing - Exhibit 1 Sheet 1

*Find in prior filing - Exhibit 1 Sheet 1

		Company Box	
Code	NAIC#	Name	
1	19682	Hartford Fire Insurance Company	
2	30104	Hartford Underwriters Insurance Com	pany
3	37478	Hartford Insurance Company of the M	lidwest
4	29424	Hartford Casualty Insurance Company	y
5	29459	Twin City Fire Insurance Company	
6	34690	Property & Casualty Insurance Compa	any of Hartford

						Ī		
				Loss Cost Mod Factor	Prem. Level Change			
Vehicle Type		Coverage		Prop	Prop	ļ		
TTT	Liability / Medical Paym	ents / Hired Auto Liability		1.750	4.1%	ļ		
	Other Than Collision			1.120	0.3%			
	Collision			1.000	4.7%			
	Personal Injury Protection	on		0.867	0.0%			
	Uninsured Motorists			1.500	1.4%			
PPT	Liability and Medical Pa	yments		1.740	3.4%	•		
	Other Than Collision			1.300	0.6%			
	Collision			1.150	8.7%			
	Personal Injury Protecti	on		0.959	0.0%			
	Uninsured Motorists			1.500	1.4%			
Publics	Liability and Medical Pa	yments		1.349	4.7%	İ		
	Other Than Collision			1.205	0.0%			
	Collision			1.161	4.9%			
	Personal Injury Protecti	on		1.238	0.0%			
	Uninsured Motorists			1.500	1.4%		Impact ISO	Prem. Level Chang
Garages &	PL	&LAE/R		LC Mo	d Factor	LC Mod	Base LC	
Statewide Misc.	Current	Prop	ELR Change	Current	Prop	Change	Change	Prop
Rates	59.6%	60.8%	-0.020	1.000	1.020	0.020	0.00%	0.09

Expense	Lia/UM	OTC	Coll	PIP
Commission	16.3%	16.3%	16.3%	16.3%
Other U/W	18.7%	18.7%	18.7%	18.7%
Tax,Lic,Fee	1.7%	1.7%	1.7%	1.7%
Profit	2.5%	5.8%	5.8%	2.5%
Total	39.2%	42.5%	42.5%	39.2%
PL&LAE/R	60.8%	57.5%	57.5%	60.8%

Space Reserved for Insurance Department use
Department use

Date:	01/14/20
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INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

1.	INSURER NAME	Twin City Fire Insuran	ice Company			
	ADDRESS	One Hartford Plaza				
		Hartford, CT 06155				
	PERSON RESPONSIBLE FO	R FILING	Santhi Suloch	anannair		
	TITLE Commercial	ial Auto Actuarial		TELEPHONE #	860-547-4538	
2.	INSURER NAIC #	29459				
3.	LINE OF INSURANCE	Comme	rcial Automobile			
4.	ADVISORY ORGANIZATION		Insurance Ser	vices Office, Ins.		
5.	ADVISORY ORGANIZATION	REFERENCE FILING #		CA-2018-BRLA1		
6.	The above insurer hereby decladvisory organization for this lindependently submitted, as it	ine of insurance. The ins	surer hereby files t	o be deemed to have		
	The insurer's rates will be the and, if utilized, the expense co			and the loss cost multi	pliers	
7.	PROPOSED RATE LEVEL CH	HANGE	6.1%	EFFECTIVE DATE	#NAME?	
8.	PRIOR RATE LEVEL CHANG	E	2.6%	EFFECTIVE DATE	1/12/2019	
9.	ATTACH "SUMMARY OF SUF	PPORTING INFORMAT	ION FORM"			
	(Use a separate Summary for	each insurer-selected lo	oss cost multiplier.)		
10.	be appli line of in prospec constan effective	oWING: rer hereby files to have it cable to future revisions asurance. The insurer's tive loss costs and the it ts specified in the attach a date of the advisory org a until disapproved by the	of the advisory or rates will be the consurer's loss cost of ments. The rates ganization's prosper	ganization's prospective or prospective or properties and, if utilized will apply to policies we pective loss costs. This	e loss costs for this ory organization's ed, expense ritten on or after the authorization is	
		rer hereby files to have i	•		pense constants	

_	urer Name:	Twin City Fire Insurance Company	Date:	1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION I CALCULATION OF COMPANY LOSS COST MULTIPI			
1.		ne, Coverage, Territory, Class, etc. combination to which this page Automobile: TTT Liability / Medical Payments / Hired Auto Liability	e applies:		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the caption (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and perosupporting data and/or rationale for the modification.		-	attach
		See supporting exhibits Cost Modification Expressed as a Factor:			
		Xamnies neinw i			
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	TE: IF EXP HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONDITION OF COMPLETE ITEMS 3-7 BELOWITH OF Expected Loss Ratio. (Attach exhibit detailing insurer	OW.	data and/or	othei ed
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3. 4 A 4 E	Developme supporting A. To B. Ge C. Ta D. Ur E. Ot F. TO S. Expected L. B. ELR in dec	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONDRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO ent of Expected Loss Ratio. (Attach exhibit detailing insurer information.) otal Production Expense eneral Expenses exes, Licenses & Fees inderwriting Profit & Contingencies ther (explain) OTAL coss Ratio: ELR = 100% - 3F = imal form =	OW.	Selecte Provisio 16.3 18.7 1.7 2.5 39.2	other
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ОТ 3.	Developme supporting A. To B. Ge C. Ta D. Ur E. Ot F. TO S. Expected L. Company F. Company S. Comp	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONDRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO ent of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Otal Production Expense eneral Expenses exes, Licenses & Fees inderwriting Profit & Contingencies her (explain) OTAL Coss Ratio: ELR = 100% - 3F = imal form = Formula Loss Cost Multiplier: (2B ÷ 4B) =	OW.	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other
3. 4 A 4 E	Developme supporting A. To B. Ge C. Ta D. Ur E. Ot F. TO S. Expected L. Company F. Company S. Comp	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONDITING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO ent of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Intelligence of Expenses Expenses Exes, Licenses & Fees Inderwriting Profit & Contingencies Intelligence of Expenses Int	OW.	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	other

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of

.90 (1.000 - .100) should be used.

Ins	urer Name:	Twin City Fire Insurance Company Da	te:1	1/14/20
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FO CALCULATION OF COMPANY LOSS COST MULTIPLIE		
1.	•	e, Coverage, Territory, Class, etc. combination to which this page ap Automobile: TTT Other Than Collision	plies:	
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent supporting data and/or rationale for the modification. 12.0% See supporting exhibits		
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		ost Modification Expressed as a Factor: kamples below.)		1.120
	(See expense) TE: IF EXPICATE: SUPPO Developme	·	pense data	EMENT" Of and/or othe Selected
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ОТ	(See expense) TE: IF EXPREMENTAL SUPPORTION Developme supporting A. To B. Ge C. Ta D. Un E. Ot	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW nt of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) tal Production Expense eneral Expenses & Fees derwriting Profit & Contingencies	pense data	EMENT" OF and/or other Selected Provisions 16.3 % 18.7 % 1.7 % 5.8 %
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OT 3.	A. To B. Ge C. Ta D. Un E. Ot	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW nt of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) Ital Production Expense eneral Expenses Exes, Licenses & Fees Exes, Licenses & Fees Exerciting Profit & Contingencies Expenses Exerciting Profit & Contingencies Expenses Exerciting Profit & Contingencies Expenses Exerciting Profit & Contingencies Expenses Exerciting Expenses Exerciting Profit & Contingencies Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Exerciting Expenses Exerciting Expenses Exerciting Exercit	pense data	EMENT" OF and/or other Selected Provisions 16.3 % 18.7 % 1.7 % 5.8 % 42.5 %
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OT 3.	A. To B. Ge C. Ta D. Un E. Ott F. TO S. Expected L. Company F	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW nt of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) Ital Production Expense eneral Expenses Exes, Licenses & Fees Exes, Licenses & Fees Exerciting Profit & Contingencies Expenses Exerciting Profit & Contingencies Expenses Exerciting Profit & Contingencies Expenses Exerciting Profit & Contingencies Expenses Exerciting Expenses Exerciting Profit & Contingencies Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Expenses Exerciting Exerciting Expenses Exerciting Expenses Exerciting Exercit	pense data	EMENT" OF and/or other Selected Provisions 16.3 % 18.7 % 1.7 % 5.8 % 42.5 %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.3%

B. General Expenses 18.7 9 C. Taxes, Licenses & Fees 1.7 9 D. Underwriting Profit & Contingencies 5.8 9 E. Other (explain) 9 F. TOTAL 42.5 9	Insurer Name:	Twin City Fire Insurance Company Date:	1/14/20	
Commercial Automobile: TTT Collision 2. Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filling: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attal supporting data and/or rationale for the modification. 0.0% B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or ott supporting information.) Selected Provisions A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4.5. 9 4. A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739	NAIC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM		
A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification and attal supporting data and/or rationale for the modification. 0.0% B. Loss Cost Modification Expressed as a Factor: (See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OF CONTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or oth supporting information.) Selected Provisions A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL 4. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4. A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4. B. ELR in decimal form = 1.739				
(See examples below.) NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OF COTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. 3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or off supporting information.) Selected Provisions A. Total Production Expense 16.3 9 B. General Expenses 18.7 9 C. Taxes, Licenses & Fees 1.7 9 D. Underwriting Profit & Contingencies 5.8 9 E. Other (explain) 9 F. TOTAL 42.5 9 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 9 4 B. ELR in decimal form = 0.575	A. The ins (CHEC	were hereby files to adopt the prospective loss costs in the captioned reference (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification (supporting data and/or rationale for the modification.		attach
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E. Other (explain) 9 F. TOTAL 42.5 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739	A. To B. Ge	tal Production Expense neral Expenses	Select Provision 16.3 18.7	ed ons %
F. TOTAL 42.5 9 4 A. Expected Loss Ratio: ELR = 100% - 3F = 57.5 9 4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739	A. To B. Ge C. Ta	tal Production Expense neral Expenses xes, Licenses & Fees	Select Provision 16.3 18.7 1.7	ed ons %
4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739	A. To B. Ge C. Ta D. Ur	tal Production Expense neral Expenses xes, Licenses & Fees derwriting Profit & Contingencies	Select Provision 16.3 18.7 1.7	ed ons % %
4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739	A. To B. Ge C. Ta D. Ur E. Ot	tal Production Expense neral Expenses xes, Licenses & Fees derwriting Profit & Contingencies her (explain)	Select Provision 16.3 18.7 1.7 5.8	ed ons % % %
4 B. ELR in decimal form = 0.575 5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.739	A. To B. Ge C. Ta D. Ur E. Ot	tal Production Expense neral Expenses xes, Licenses & Fees derwriting Profit & Contingencies her (explain)	Select Provision 16.3 18.7 1.7 5.8	ed ons % % % % % %
	A. To B. Ge C. Ta D. Ur E. Ot	tal Production Expense eneral Expenses xes, Licenses & Fees derwriting Profit & Contingencies her (explain)	Select Provision 16.3 18.7 1.7 5.8	ed ons % % % % % %
	A. To B. Ge C. Ta D. Ur E. Ot F. To	tal Production Expense eneral Expenses xes, Licenses & Fees derwriting Profit & Contingencies her (explain) TAL oss Ratio: ELR = 100% - 3F =	Select Provision 16.3 18.7 1.7 5.8 42.5	ed ons % % % % %
6 Company Selected Loss Cost Multiplier = 1 /39	A. To B. Ge C. Ta D. Ur E. Ot F. TO 4 A. Expected L 4 B. ELR in dec	information.) Ital Production Expense Ineral Expenses Ixes, Licenses & Fees Ixes, Licenses & Fees Ixerviting Profit & Contingencies Ixer (explain) ITAL IXERVITIAN	Select Provision 16.3 18.7 1.7 5.8 42.5 57.5 0.575	ed ons % % % % %
Explain any differences between 5 and 6:	A. To B. Ge C. Ta D. Ur E. Ot F. TO 4 A. Expected L 4 B. ELR in dec	information.) tal Production Expense eneral Expenses xes, Licenses & Fees derwriting Profit & Contingencies her (explain) TAL oss Ratio: ELR = 100% - 3F = mal form = formula Loss Cost Multiplier: (2B ÷ 4B) =	Select Provision 16.3 18.7 1.7 5.8 42.5 57.5 0.575	ed ons % % % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.7%

_	urer Name:		Date:1/14	1/20
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION F CALCULATION OF COMPANY LOSS COST MULTIPLE	_	
1.		e, Coverage, Territory, Class, etc. combination to which this page Automobile: PPT Liability and Medical Payments	applies:	
2.	(CHEC	urer hereby files to adopt the prospective loss costs in the caption (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percentage supporting data and/or rationale for the modification. 74.0%		
		See supporting exhibits ost Modification Expressed as a Factor:		
	`	camples below.)		
ОТ	HER SUPPO	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANTS IN THE ITEMS 3-7 BELO IN THE ITEMS 3-7 BELO IN THE ITEMS IN THE IT	W. expense data and	
ОТ	THER SUPPO Developmen	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer	W. expense data and Se	d/or othei
	HER SUPPO Developmel supporting i	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer	W. expense data and Se	d/or other
ОТ	Development supporting i	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.)	W. expense data and Se Pro	d/or other
ОТ	Development supporting in the support in the	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO nt of Expected Loss Ratio. (Attach exhibit detailing insurer information.) tal Production Expense	w. expense data and Se Pro	d/or other lected visions .3 % .7 %
ОТ	Development supporting in B. Ge	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO nt of Expected Loss Ratio. (Attach exhibit detailing insurer information.) tal Production Expense neral Expenses	W. expense data and Se Pro	d/or other lected visions .3 % .7 % 7 %
ОТ	Development supporting in the support in the sup	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Ital Production Expense Ineral Expenses Ineral Expenses & Fees	W. expense data and Se Pro 16 18 1.	d/or other lected visions .3 % .7 % 7 %
ОТ	Development supporting in the support in the	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Ital Production Expense Ineral Expenses It	W. expense data and Se Pro 16 18 1.	d/or other lected visions3 %7 % 7 % 5 %
ОТ	Development supporting in the support in the	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO nt of Expected Loss Ratio. (Attach exhibit detailing insurer information.) tal Production Expense neral Expenses kes, Licenses & Fees derwriting Profit & Contingencies	W. expense data and Se Pro 16 18 1. 2.	d/or other lected visions3 %7 % 7 % 5 %
ОТ 3.	A. Total B. Ge C. Taxal D. Unie. Other	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Ital Production Expense Ineral Expenses It	W. expense data and Se Pro 16 18 1. 2. 39	d/or other lected visions .3 % .7 % .7 % .5 % .2 %
OT 3.	A. Total B. Ge C. Taxal D. Unie. Other F. TO	extring Information. Do Not Complete Items 3-7 Below to five Expected Loss Ratio. (Attach exhibit detailing insurer information.) tal Production Expense formation in the second	W. expense data and Se Pro 16 18 1. 2. 39	d/or other lected visions .3 % .7 % .7 % .5 % .2 %
OT 3.	A. Total B. Ge C. Taxal D. Unie. Other	extring Information. Do Not Complete Items 3-7 Below to five Expected Loss Ratio. (Attach exhibit detailing insurer information.) tal Production Expense five and the state of the state o	W. expense data and Se Pro 16 18 1. 2. 39	d/or other lected visions .3 % .7 % .7 % .5 % .2 %
OT 3.	A. Total B. Ge C. Taxal D. Unite. Other F. Total S. ELR in deciration of the control of the cont	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Ital Production Expense Ineral Expenses It	W. expense data and Se Pro 16 18 1. 2. 39 60 0.6	d/or other lected visions .3 % .7 % .7 % .5 % .2 % .8 %
3. 4 A 4 E 5.	A. Total B. Ge C. Taxal D. Unite. Other F. Total S. Expected Los. Expected Los. ELR in decir	extring Information. Do Not Complete Items 3-7 Below to five Expected Loss Ratio. (Attach exhibit detailing insurer information.) tal Production Expense five and the state of the state o	W. expense data and Se Pro 16 18 1. 2. 39	d/or other lected visions .3 % .7 % .7 % .5 % .2 % .8 % .08
OT 3.	A. Total B. Ge C. Taxal D. University E. Other F. Total Company F. Company S.	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Ital Production Expense Ineral Expenses Ineral	W. expense data and Se Pro 16 18 1. 2. 39 60 0.6	d/or other lected visions .3 % .7 % .7 % .5 % .2 % .8 % .08
3. 4 A 4 E 5.	A. Total B. Ge C. Taxal D. University E. Other F. Total Company F. Company S.	PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELO Int of Expected Loss Ratio. (Attach exhibit detailing insurer information.) Ital Production Expense Ineral Expenses Inera	W. expense data and Se Pro 16 18 1. 2. 39 60 0.6	d/or other lected visions .3 % .7 % .7 % .5 % .2 % .8 % .08

- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Inc	urer Name:	Twin City Fire Insurance Company Date:	1/14/20	
_	IC Number:	29459	1/14/20	
INA	ilo Number.	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		ne, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: PPT Other Than Collision		
2.	A. The in:	Modification: surer hereby files to adopt the prospective loss costs in the captioned reference (K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent modification supporting data and/or rationale for the modification.	-	attach
		See supporting exhibits		
	B. Loss C	ost Modification Expressed as a Factor:	1.300)
	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUP DRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.	PPLEMEN	Γ" OR
		ent of Expected Loss Ratio. (Attach exhibit detailing insurer expense dainformation.)	Select	ed
		information.)		ed ons
		otal Production Expense	Select	ed ons %
	B. Ge	information.) Intal Production Expense Internal Expenses	Select Provisi	ed ons %
	B. Ge C. Ta	otal Production Expense eneral Expenses exes, Licenses & Fees	Select Provisi	ed ons % %
	B. Ge C. Ta D. Ur	etal Production Expense eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies	Select Provisi 16.3 18.7	ed ons % % %
	B. Ge C. Ta D. Ur E. Ot	otal Production Expense eneral Expenses exes, Licenses & Fees	Select Provisi 16.3 18.7 1.7	ed ons % %
	B. Ge C. Ta D. Ur E. Of	etal Production Expense eneral Expenses exes, Licenses & Fees enderwriting Profit & Contingencies	Select Provisi 16.3 18.7 1.7	ed ons % % %
	B. Ge C. Ta D. Ur E. Of	information.) Intal Production Expense Internal Expenses Internal	Select Provisi 16.3 18.7 1.7 5.8	ed ons % % % % %
4 A	B. Ge C. Ta D. Ur E. Of F. TO	information.) Intal Production Expense Internal Expenses Internal	Select Provisi 16.3 18.7 1.7 5.8	ed ons % % % % %
	B. Ge C. Ta D. Ur E. Of F. TO	information.) Intal Production Expense Internal Expenses Internal	Select Provisi 16.3 18.7 1.7 5.8	ed ons % % % % %
	B. Ge C. Ta D. Ur E. Ot F. To A. Expected L B. ELR in dec	information.) Intal Production Expense Internal Expenses Internal	Select Provisi 16.3 18.7 1.7 5.8 42.5	ed ons % % % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.6%

Ins	urer Name:	Twin City Fire Insurance Company	Date:	1/14/20	
_	IC Number:	29459		1/14/20	
INC	ic Number.	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATI PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMAT CALCULATION OF COMPANY LOSS COST MU	ION FORM		
1.		ne, Coverage, Territory, Class, etc. combination to which thi Automobile: PPT Collision	s page applies:		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the cost one) Without modification (factor = 1.000) With the following modification(s). Cite the nature and supporting data and/or rationale for the modification. 15.0% See supporting exhibits	·	_	attach
		Cost Modification Expressed as a Factor:			
	TE: IF EXPI HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSIONATING INFORMATION. DO NOT COMPLETE ITEMS 3-7 ent of Expected Loss Ratio. (Attach exhibit detailing in	BELOW.		
	supporting	information.)		Selecte	ed.
				Provision	
	A. To	otal Production Expense		16.3	%
		eneral Expenses		18.7	%
		ixes, Licenses & Fees		1.7	%
		nderwriting Profit & Contingencies			%
		<u> </u>		5.8	%
	-	her (explain)			
	F. 10	DTAL		42.5	%
4 4		Detic: ELD 4000/ 0E			%
		oss Ratio: ELR = 100% - 3F =			70
4 E	B. ELR IN deci			57.5	
5.	Company 5	imal form =		57.5 0.575	
J.				0.575	
6		Formula Loss Cost Multiplier: (2B ÷ 4B) =		2.000	
6.	Company S			0.575	

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

8.7%

	urer Name:	Twin City Fire Insurance Company Date:	1/14/20	
NAI	C Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.		e, Coverage, Territory, Class, etc. combination to which this page applies: Automobile: Publics Liability and Medical Payments		
2.	(CHEC	urer hereby files to adopt the prospective loss costs in the captioned reference	-	attach
		See supporting exhibits		
	B. Loss Co	ost Modification Expressed as a Factor:	1.349	ı
	HER SUPPO	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUB- PRTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Int of Expected Loss Ratio. (Attach exhibit detailing insurer expense dansformation.)		other
			Provisi	ons
	A. Tot	tal Production Expense	16.3	%
	B. Ge	neral Expenses	18.7	%
	C. Tax	kes, Licenses & Fees	1.7	%
	D. Un	derwriting Profit & Contingencies	2.5	%
	E. Oth	ner (explain)		%
	F. TO	TAL	39.2	%
4 A	Expected Lo	oss Ratio: ELR = 100% - 3F =	60.8	%
4 B.	ELR in deci	mal form =	0.608	
5.		ormula Loss Cost Multiplier: (2B ÷ 4B) =	2.219	
6.		elected Loss Cost Multiplier =	2.219	
	Explain any	differences between 5 and 6:		

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.7%

Ins	urer Name:	Twin City Fire Insurance Company Date:	1/14/20
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER	VI
1.		ne, Coverage, Territory, Class, etc. combination to which this page appli Automobile: Publics Other Than Collision	es:
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned re K ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent n supporting data and/or rationale for the modification. 20.5%	-
		See supporting exhibits	
	B. Loss C	ost Modification Expressed as a Factor:	1.205
	HER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTAND INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. ent of Expected Loss Ratio. (Attach exhibit detailing insurer experting information.)	
			Provisions
	A. To	tal Production Expense	16.3 %
		eneral Expenses	18.7 %
		xes, Licenses & Fees	1.7 %
		derwriting Profit & Contingencies	5.8 %
		her (explain)	%
		OTAL	42.5 %
			<u> </u>
4 A	.Expected L	oss Ratio: ELR = 100% - 3F =	57.5 %
4 B	.ELR in deci	imal form =	0.575
5. 6.	Company S	Formula Loss Cost Multiplier: (2B ÷ 4B) = Selected Loss Cost Multiplier = v differences between 5 and 6:	2.095

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

0.0%

	surer Name: Twin City Fire Insurance Company Date:	1/14/20	
NA	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER	I	
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applie Commercial Automobile: Publics Collision	es:	
2.	Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned ref (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent m supporting data and/or rationale for the modification. 16.1%	-	attach
	See supporting exhibits B. Loss Cost Modification Expressed as a Factor:		
	OTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTAN" THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.	T SUPPLEMEN	T" OF
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper	nse data and/or	othe
3.		Select	ed
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer exper supporting information.)	Select Provisi	ed ons
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense	Select Provisi 16.3	ed ons
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses	Select Provisi 16.3 18.7	ed ons %
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	Select Provisi 16.3 18.7 1.7	ed ons % %
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Select Provisi 16.3 18.7	% % % %
3.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	Select Provisi 16.3 18.7 1.7	ed ons % %
	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Select Provisi 16.3 18.7 1.7 5.8	% % % % % %
4 A	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	Select Provisi 16.3 18.7 1.7 5.8 42.5	ed ons % % % % % %
4 A	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Select Provisi 16.3 18.7 1.7 5.8	% % % % % %
4 A 4 B	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = 3. ELR in decimal form =	Select Provisi 16.3 18.7 1.7 5.8 42.5 57.5 0.575	% % % % % %
4 A	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	Select Provisi 16.3 18.7 1.7 5.8 42.5	% % % % % %
4 A 4 B 5.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expersupporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = 3. ELR in decimal form = Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	Select Provisi 16.3 18.7 1.7 5.8 42.5 57.5 0.575	% % % % % %

Rate level change for the coverages to which this page applies

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

4.9%

_	urer Name: Twin City Fire Insurance Company Date:	1/14/20	
NA	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER		
1.	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies Commercial Automobile: Uninsured Motorists	S:	
2.	Loss Cost Modification: A. The insurer hereby files to adopt the prospective loss costs in the captioned reference (CHECK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent most supporting data and/or rationale for the modification. 50.0% See supporting exhibits		attach
	B. Loss Cost Modification Expressed as a Factor:	1.500	
	TE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expensions supporting information.)		othe
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense)	se data and/or	othe
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense)	se data and/or Select e	othe
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses	se data and/or Selecte Provisio	othe ed ons
ОТ	THER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense	se data and/or Selecte Provisio	othe ed ons
ОТ	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Selecte Provisio 16.3 18.7	othe ed ons %
ОТ	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees	Selecte Provisio 16.3 18.7 1.7	othe ed ons % %
ОТ	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies	Selecte Provisio 16.3 18.7 1.7	othe ed ons % % %
OT	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Selecte Provisio 16.3 18.7 1.7 2.5 39.2	othe ed ons % % % % % %
OT 3.	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2	othe ed ons % % % %
OT 3.	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expens supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL	Selecte Provisio 16.3 18.7 1.7 2.5 39.2	othe ed ons % % % % % %
3. 4 A 4 B	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expensions supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = 3. ELR in decimal form =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	othe ed ons % % % % % %
3. 4 A 4 B 5.	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expensions supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = 3. ELR in decimal form =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	othe ed ons % % % % % %
3. 4 A 4 B	HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expensions supporting information.) A. Total Production Expense B. General Expenses C. Taxes, Licenses & Fees D. Underwriting Profit & Contingencies E. Other (explain) F. TOTAL A. Expected Loss Ratio: ELR = 100% - 3F = 3. ELR in decimal form =	Selecte Provisio 16.3 18.7 1.7 2.5 39.2 60.8 0.608	othe ed ons % % % % % %

1.4%

Rate level change for the coverages to which this page applies

_	urer Name: IC Number:	Twin City Fire Insurance Company Dai 29459	te: 1/14/2	20
INA	ic Number.	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FO CALCULATION OF COMPANY LOSS COST MULTIPLIES		
1.		ne, Coverage, Territory, Class, etc. combination to which this page ap Automobile: Garages & Statewide Misc. Rates	oplies:	
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the captioned CK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percent supporting data and/or rationale for the modification.	-	d attach
		See supporting exhibits Cost Modification Expressed as a Factor:		
	THER SUPPO Developme	ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONST ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW ent of Expected Loss Ratio. (Attach exhibit detailing insurer ex information.)	rpense data and/	or other
ОТ	THER SUPPO Developme	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW ent of Expected Loss Ratio. (Attach exhibit detailing insurer ex	rpense data and/ Sele	or other
ОТ	Developme supporting	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOWent of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.)	rpense data and/ Sele Provi	or other
ОТ	Developme supporting A. To	ORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW ent of Expected Loss Ratio. (Attach exhibit detailing insurer ex information.)	ypense data and/ Sele Provi	or other
ОТ	Developme supporting A. To B. Ge	ent of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) otal Production Expense eneral Expenses	spense data and/ Sele Provi 16.3 18.7	or other
ОТ	Developme supporting A. To B. George	ent of Expected Loss Ratio. (Attach exhibit detailing insurer ex information.) otal Production Expense eneral Expenses exes, Licenses & Fees	spense data and/ Sele Provi 16.3 18.7 1.7	or other
ОТ	Developme supporting A. To B. Ge C. Ta D. Ur	ent of Expected Loss Ratio. (Attach exhibit detailing insurer exinformation.) otal Production Expense eneral Expenses exes, Licenses & Fees inderwriting Profit & Contingencies	spense data and/ Sele Provi 16.3 18.7	or other ected isions % % %
ОТ	Developme supporting A. To B. Ge C. Ta D. Ur E. Ot	ent of Expected Loss Ratio. (Attach exhibit detailing insurer ex information.) Intelligence of the production of the pr	Sele Provi 16.3 18.7 1.7 2.5	or other ected isions % % % % %
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Ins	urer Name:	Twin City Fire Insurance Company	Date:	1/14/20	
	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION F CALCULATION OF COMPANY LOSS COST MULTIPLE	LIER		
1.		ne, Coverage, Territory, Class, etc. combination to which this page Automobile: TTT Personal Injury Protection	applies.		
2.	A. The ins	Modification: surer hereby files to adopt the prospective loss costs in the caption CK ONE) Without modification (factor = 1.000) With the following modification(s). Cite the nature and percusual properties of the modification. -13.3%		-	attach
		See supporting exhibits			
	TE: IF EXPI HER SUPPO	xamples below.) ENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONDITION INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOWN OF Expected Loss Ratio. (Attach exhibit detailing insurer information.)	OW.		
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				Provision	
		otal Production Expense		16.3	%
		eneral Expenses		18.7	%
		ixes, Licenses & Fees		1.7	%
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		her (explain)			%
	F. TO	DTAL		39.2	%
				1	
4 A	Expected L	oss Ratio: ELR = 100% - 3F =		60.8	%
4 E	.ELR in deci	imal form =		0.608	
5. 6.	Company S				
		Formula Loss Cost Multiplier: (2B ÷ 4B) = Selected Loss Cost Multiplier = y differences between 5 and 6:		1.426 1.426	

_	urer Name:	Twin City Fire Insurance Company Date	te: 1/14/20	
NA	IC Number:	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FO CALCULATION OF COMPANY LOSS COST MULTIPLIE		
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- Example 1: Loss Cost modification factor: If your company's loss cost modification is –10%, a factor of .90 (1.000 .100) should be used.
- Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

_	urer Name: IC Number:	Twin City Fire Insurance Company Da 29459	ite: 1/14/2	0
INA	ic Number.	INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FO CALCULATION OF COMPANY LOSS COST MULTIPLIE		
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